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ABSTRACT

This monograph presents a detailed outline of the major components of a comprehensive school health program. The program provides students with health instruction, delivers health services to students and staff, and provides a safe and healthful school environment. The focus of the publication is on the role and responsibilities of the school nurse in implementing the program. The eight chapters cover the following areas: (1) the history of school health programs; (2) planning, implementing and evaluating health services; (3) health counseling; (4) health education; (5) special education; (6) medical care of school personnel; (7) non-registered nurse personnel; and (8) the framework of practice and philosophy of school nursing. (JD)

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ED314406

# Take Pride in Iowa School Health

# School Nurse Manual

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Iowa Department of Education

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# Promoting Health... thru School Nursing

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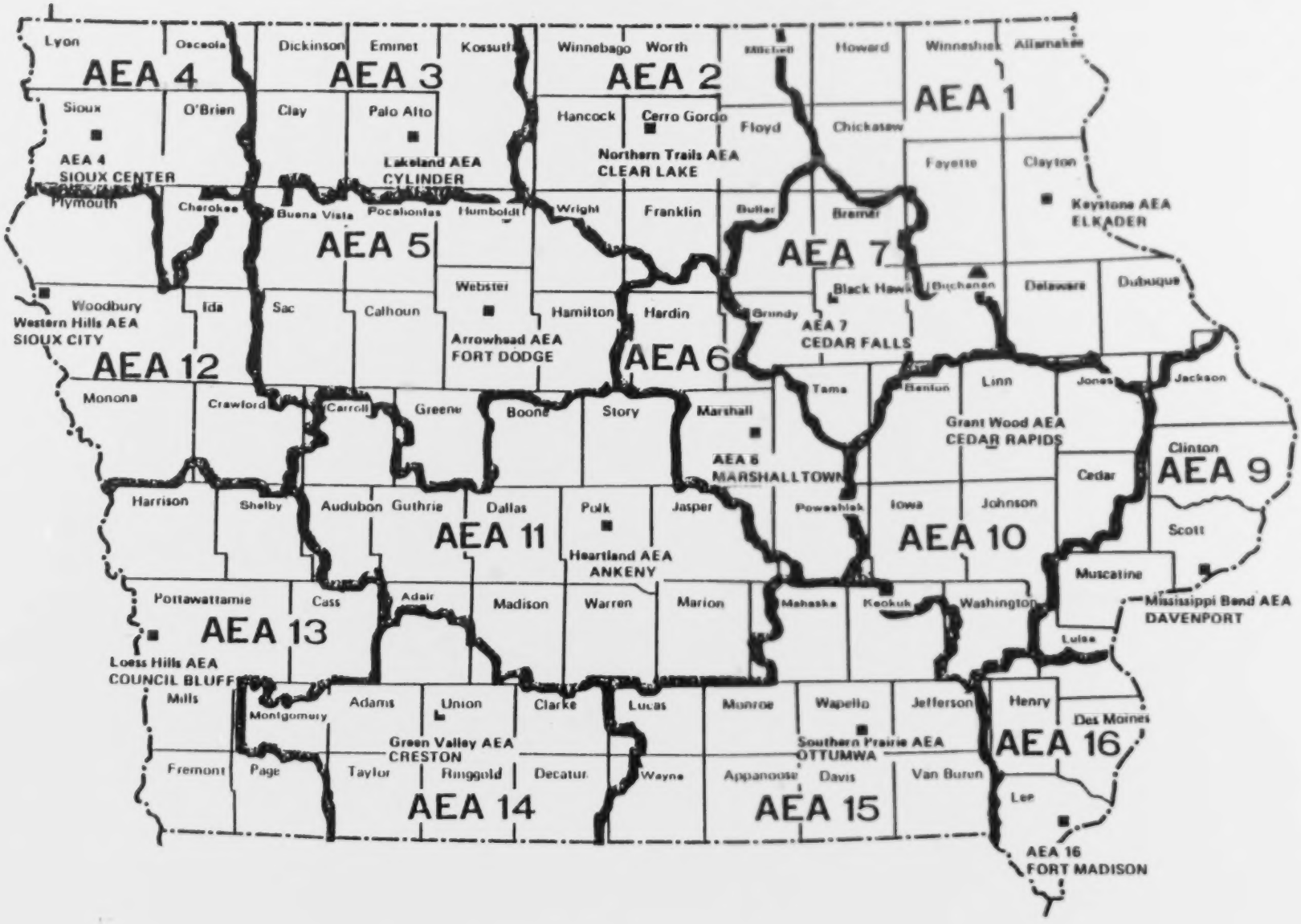

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## PHILOSOPHY OF SCHOOL HEALTH

The school health program endeavors to promote high level wellness among students and staff. If the goal of schools is to educate children, then children need to be sufficiently healthy in order to participate in and benefit from learning opportunities. Thus, excellence in health leads to excellence in education.

The ideal school health program should promote high level wellness among students and staff. It is no longer the question of whether to maintain or not maintain a school health program of which the school nurse is an essential component but choose an adequate program versus an inadequate program.

Therefore, each school district must clearly define the components of the school health program which are healthful school living, school health services, and health and wellness education.

# INTRODUCTION

The primary purpose of a school health program is the optimal maintenance, promotion, protection, and improvement of student, staff, and community health. The school health program personnel work collaboratively with students, parents, educators, staff members, and other community resources to assist the student in developing competence to confidently cope with the complexities of life. The program is designed to assure a safe, healthy environment that is conducive to learning, and to provide professional care for those who become ill or injured while at school.

The school health program is a vehicle in the advancement of student, staff, and community health. The program provides assistance in the discovery of barriers which may be hinderances to student learning. Health is recognized not exclusively as the absence of illness or disease, but as the most desirable level of physiological, psychological, and emotional well-being. School nurses are student advocates and serve as liaisons between the student, school, community, and home.

The school setting has an unique advantage in the promotion of health education, the development of positive healthful attitudes, the maintenance of an environment conducive to optimal health, growth, learning, and meeting the needs of school students and school personnel. The school is a resource in itself and can act as a catalyst in providing specified services and facilitating needed follow-up. Since the schools are where the children are, they can serve as part of the health care system through a planned program implemented by school nurses.

School nurses serve as catalysts for promoting health through health services, health counseling, and health education. The school health programs require nurses to serve as resource persons, to identify other resources, and to assist in and develop programs in preventive health education. The success of the school health services program depends upon the interaction of the school and the community. School health services are developed within the educational system in collaboration with existing community nursing and physician agencies.

This manual is designed to serve as a resource for school health programs. The content is consistent with the ANA Standards of School Nursing Practice and the Iowa Nurse Practice Act. Unless stated otherwise, the material is offered as recommendations or best practices in formulating a school health program. It is recognized that every community is unique in its needs and resources and that will be reflected in the policies and procedures that are developed in local school districts. This manual is intended to provide direction in that endeavor.

Vicki A. Schnetter, M.S., R.N.
Editor

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SCHOOL HEALTH PROGRAM

# HISTORY OF THE SCHOOL HEALTH PROGRAM

## Introduction

The school health program of today has evolved over 150 years through the interrelationship of three major professions: education, nursing, and medicine. This evolution has progressed from an early emphasis on health education and teaching self-care through progressive stages of prevention and detection of diseases, sanitation, intervention of illness and handicapping conditions, and health promotion.

## European School Health Services

The earliest recorded school health service activities began in 1833 with a French law requiring communities to keep school houses clean. A few years later, female supervisors of kindergarten schools were instructed to watch over the health of "little children." A Paris statute of 1842-43 required that every school be visited by a physician to "inspect the localities" and observe the general health of the children.

Although France established the first precedents, it was almost 40 years before school health programs were developed in other European cities. In 1874, Brussels established a program by appointing physicians to visit schools three times each month. Similar programs were founded in Antwerp in 1882, Moscow in 1888, Leipzig and London in 1891, and in Weisbaden in 1896. Weisbaden provided the most comprehensive and successful program of health examinations, which was generally adopted throughout Germany and widely copies by other nations.

Efforts toward health protection spread quickly to other countries. An 1899 law passed in Rumania decreed that all school children be examined yearly. Later, the national "Medical Inspect Act" of 1908 enacted by Parliament represented the forerunner of the present school health services in Great Britain.

Shortly after the turn of the century, Argentina established a comprehensive health program which provided for "vaccinations of school children, the inspection of school sanitation conditions, the visiting of sick children in their homes, the identification of communicable diseases, and the provision of medical advice to teachers and pupils."

School health service activities in the United States can be traced to the latter part of the 19th century. However, William A. Alcott, a distinguished educator, physician, and school health pioneer, wrote in 1840:

> Until the teachers of the schools can be trained to a thorough and practical knowledge of the science of human life and health there will be a thousand things of frequent, if not daily, recurrence in every school which will require medical attention.

It was ten years later that the idea of teaching students the philosophy of self-care was first documented. In 1850, Lemuel Shattuck proposed that teachers appoint a "sanitary committee of scholars" at the beginning of school. On the first day of each month the committee should appraise the class. Shattuck stated:

> Such a measure is simple, would take but a few minutes each day, and cannot operate otherwise than usefully upon the children, in forming habits of exact observation, and in making a personal application of the laws of health and life to themselves. This is education of an eminently practical character, and of the highest importance.

New York in 1860 passed legislation to "encourage and provide for the general vaccination of all children and persons attending schools in the state." This law established long before compulsory education, recognized the schools as the most organized structure for access to the school-age population. However, the legislation was ineffectual because it did not specify the responsibility for administering vaccinations nor the source of funding. Nevertheless, New York was instrumental in formulating many early school health laws. Later, the Elmire, NY, Board of Education (1872) employed a "sanitary superintendent" to cope with an alarming prevalence of smallpox. His responsibilities included: frequent examinations of school children, exclusion of the unvaccinated, and supervision of sanitary conditions.

"The first public school medical officer in the United States was appointed by the City of New York in 1892." By 1894, some 50 "medical visitors" who visited schools each day and examined "all children thought by their teachers to be ailing" were appointed in Boston. Similar programs, "to inspect pupils suspected of having contagious diseases," were begun in Chicago in 1895, New York in 1897, and Philadelphia in 1898.

Broadening Scope of Health Services

By the close of the century, The Connecticut legislature began broadening the scope of school health services when it made the examination of all school children for visual defects compulsory. New York in 1902 required routine inspection of all pupils to detect contagious eye and skin diseases. By 1904 Vermont had passed legislation requiring "annual examination of the eyes, ears, and throats of school children."

Further expansion of the concept and practice of the school health program included beginning of dental health work. In 1898 the Cleveland Dental Society requested that dental inspections be introduced into schools. Yet, it was not until 1910 that all city school children received dental examinations and four centrally located clinics for treatment were established.

## Establishment of School Nursing Services

Medical inspections were extended to include "nuisance diseases," such as pediculosis, scabies, and ringworm. Students were excluded from school with little follow-up and many failed to return to school, "remaining truant and contributing to excessively high absenteeism in public schools." To alleviate this problem in New York, a Henry Street visiting nurse was assigned to conduct demonstrations in a few schools. "The nurse counseled parents and encouraged them to secure needed treatment or to follow proper care procedures. The experiment was so successful that the first municipally supported school nursing service in the United States evolved in New York in 1902."

Rapid growth of school nursing services followed. By 1911 a total of 102 American cities employed 415 school nurses. In most instances, the nurses were paid through visiting nurse associations, settlement houses, or similar organizations.

## First Special Education Program

The next major change in the school health program was a forerunner of today's special education program health services. "Open-air schools, intended generally for the more efficient care and instruction of physically below-par children" were conceived in Germany in 1904. By 1908 open-air schools had been established in Providence, Boston, New York, and Chicago. "Open-air classes focused attention on the need for controlling tuberculosis and undernourishment in school-age children."

## Change in Educational Philosophy

During the first half of the 20th century, educational philosophy shifted from a solely subject matter approach to include attention to child growth and development. Matters such as growth, hearing, vision, nutrition, and general health status began to receive a new emphasis. School administrators became increasingly concerned with services which safeguard good health and have accepted these efforts as essential to effective education.

## Expansion of Public Health Activities

Spurred by these changes in the educational philosophy, the expansion of public health services was begun. "Public health programs related to protecting and promoting child health received emphasis and were directed toward infants, preschool children, and children of school age." The growth of the pediatric field of medicine made great advances in child growth and development, nutrition, and treatment of handicapping conditions.

## Impact of World Wars

The impact of a national crisis or emergency produced by World War I and World War II had particular influence on the school health program. Wood and Rowell reported the dynamics of the First World War on school health services:

Because of the war as such and because of the economic readjustments which followed it, the period from 1914 to 1926 may be considered one of a typical progress and of undetermined significance in school health work, except that the poor condition (mental and physical) of recruits served as an impetus of increasing interest in more comprehensive public health programs.

Much publicity was given to the large number of draftee rejections for disqualifying defects during both World Wars. While evaluations were inconsistent, the information caused many schools to reassess their health service efforts. Patty indicates that "almost all of the states enacted laws concerning health and physical education between 1918 and 1921."

Groups Instrumental in Providing Leadership

The cooperative effort of persons from various disciplines has provided a focused direction for the school health program. Professional organizations, voluntary associations, private groups, federal agencies, and colleges and universities have shared guidance and leadership in the development of school health policies and procedures. Major contributors include: Joint Committee on Health Problems in Education of the National Education Association and American Medical Association; American Association for Health, Physical Education and Recreation; American Public Health Association; American School Health Association; American Nurses Association; American Academy of Pediatrics; and the U.S. Department of Health and Human Services.

School Health Today

A more recent look at the school health program in the later part of the 20th century finds emphasis placed on four major areas: prevention, intervention, promotion, and health teaching. Brophy, consultant for the California Department of Education, states that prevention serves to validate the very nature of school health services. Since the inception of the school health program the emphasis on wellness, prevention of illness and transmission of disease, and early detection of possible defects including follow-up procedures have been given top priority.

With the passage of the Education for All Handicapped Children Act of 1975 (P.L. 94-142) schools have found it necessary to provide an educational setting for children with many handicapping conditions. Intervention techniques used by school nurses have allowed many students with specialized physical health care needs to be placed in non-clinical settings. Also, school nurses are involved in crisis intervention on a daily basis with students presenting problems related to alcohol and drugs, venereal disease, pregnancy, abuse and neglect, family discord, and many other concerns related to health and personal living.

School nurses often serve as catalysts for promoting health through formal and informal health education. The school health program requires nurses to serve as resource persons, to identify other resources, and to assist in developing programs in preventive health education.

Conclusion

Many factors have influenced the 150-year development of the school health program. Twenty years ago, Wilson, a physician and historian, noted the 20 factors which continue to serve as points of direction today. They include:

1. Successful school health practices in foreign countries, particularly European nations.

2. Changes in the philosophy of education.

3. Alterations in social viewpoints regarding child health and welfare.

4. Expansion of public health programs.

5. Medical and scientific progress.

6. Impact of health programs stemming from war conditions and other periods of national crisis.

7. Development of the behavioral sciences with greater understanding of growth and development characteristics.

8. Leadership and inspiration by pioneering individuals interested in the well-being of all school children.

9. Contributions by professional health associations, governmental health agencies, voluntary health organizations, and institutions of higher learning.

10. Development of organized civic groups whose concern about health stemmed from the interest of school patrons.

11. Financial support, particularly in the fields of research, demonstration, and experimentation, by philanthropic organizations interested in child welfare.

These and other factors have shared in the organization, integration, and improvements of programs of school health services. All have contributed directly or indirectly in the development of the philosophy which guides operational practices today.

Source: School Nurse Handbook
Texas Education Agency

AMERICAN ACADEMY OF PEDIATRICS POLICY STATEMENT

Concepts of School Health Programs

The purpose of a School Health Program is to support the educational process through the maintenance and improvement of the physical and mental health status of students and staff. It places emphasis on prevention, case finding, early intervention, and remediation of health problems with additional focus on health education, counseling and a healthful, safe school environment.

The form of the School Health Program should be determined by local needs and resources. Pediatricians should encourage the formation of local School Health Advisory Committees with school administrators, parent, and teacher representatives to evaluate existing practices and develop new ones in line with the financial resources and manpower available in the area.

Health care of the school child is the responsibility of the parents. The Academy recommends that all children have a "medical home" where they receive their primary care. One of the functions of school health personnel should be to assist parents in finding such a continuing and comprehensive care source. If parents fail to fulfill this obligation, appropriate steps should be taken to ensure that the child's health will not suffer.

A professionally trained school nurse should be the health coordinator and child health advocate in the school setting. The ideal School Health Program should also include a medical consultant, preferably a pediatrician. This physician and the school nurse should have open lines of communication with primary care physicians and clinics in the community as well as with specialized diagnostic facilities. The school nurse is able to observe the children in their natural milieu and may act as a valuable resource for the private health care providers. The school nurse also may interpret the child's medical care needs to the school personnel.

Traditional activities of a School Health Program are, (1) providing screening programs (hearing, vision, scoliosis, etc.); (2) monitoring immunization status; (3) providing communicable disease control; (4) providing first aid and care of minor illnesses in school; (5) helping in the assessment of physical, mental and psycho-social factors that affect a child's learning adjustment in school; (6) acting as a resource in health education for teachers; (7) identifying health and safety hazards in the school building and grounds; and (8) offering health counseling and guidance to students and their families.

The passage of two federal laws, Public Law 94-142 in 1975 and Section 504 of the Rehabilitation Act of 1973, has greatly increased the number of children with significant health problems and/or major physical handicaps who are attending regular schools. This has placed additional responsibility on both the private and school health providers to plan the most effective learning environment for the exceptional child.

The school nurse has become a valuable member of the special education team. This role requires a special knowledge of nursing/medical practice and developmental and understanding of the services provided by ancillary professional personnel such as speech and language specialists, occupational and physical therapists, psychologists and others.

RECOMMENDATIONS

The school health committee of each chapter of the Academy should actively promote periodic meetings and open communications with officials of the departments of health and education within each state. These committees are also charged with informing fellow physicians about new trends in education, particularly special education and alerting other physicians to improve communications with school children, school personnel, and parents. Today's School Health Program should actively support and assist the practicing physician in the total primary, comprehensive and continuing health care of the school child.

This statement has been approved by the Council on Child and Adolescent Health.

---

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## COMPONENTS OF A COMPREHENSIVE SCHOOL HEALTH NURSING PROGRAM

A comprehensive school health program has three basic functions:

1. Provide all students an effective health instruction program at all grade levels.

2. Deliver health services to students and staff.

3. Provide a safe and healthful school environment.

The role and responsibility of the school nurse in the delivery of health services requires the nurse to:

1. Identify health problems through health and developmental assessment.

2. Identify priorities and appropriately allocate time.

3. Limit disability through early diagnosis and prompt treatment of possible health defects.

4. Develop a practical and appropriate plan for providing first aid and emergency care for students and staff who become ill or injured at school.

5. Maintain a safe and healthful school environment so that conditions that might interfere with the teaching/learning climate are minimized.

6. Assist in developing, implementing, and evaluating a comprehensive health education program that will prepare students to assume responsibility for their own health.

7. Identify and exclude from school those students and staff with communicable disease, and to initiate appropriate follow-up to ensure prompt readmission.

8. Prevent the outbreak and spread of communicable disease by consistent enforcement of existing laws and school policies regarding immunization for students and school personnel.

9. Maintain current information regarding resources and referral procedures to community facilities.

10. Maintain current and cumulative health records for all students.

## SUGGESTED GOALS FOR A SCHOOL HEALTH PROGRAM

1. To augment health instruction which guides students toward reaching full capacity as individuals who make responsible decisions about personal, family, and community health.

2. To advocate and help provide an environment conducive to the promotion and maintenance of health.

3. To detect and to provide nursing care for any physical condition that impedes learning or threatens optimum health.

4. To provide liaison among the school, home, community agencies, physicians, and other health personnel.

5. To provide a physical, mental, and emotional health advocate for children within the school.

6. To achieve acceptable levels of compliance with federal, state, and local health regulations.

7. To maintain and utilize current individual and collective health data.

8. To provide consultation and coordination of health activities/ concerns with appropriate staff.

9. To evaluate the program's effectiveness.

# HEALTH SERVICES

## HEALTH SERVICES

Health services must be comprehensive in design to meet the educational objectives and health needs of its population. Health services should serve all students in affording them the opportunity to reach maximum mental, physical, and emotional potential. Emphasis should be placed on the relationship of a student's health to successful living and educational learning. In order to provide comprehensive school health services, a school district must carefully plan, efficiently develop, and thoroughly evaluate the program. The school health program should be based upon an annual needs assessment. The program plan should address short and long-term goals and objectives.

### Planning

Once the annual projection of student needs is made, the district must identify the resources for provision of the health program. A realistic school nurse/student ratio should be established. Consideration should be given to student needs and to health services planned. The goals and objectives of a school health program should be reviewed frequently for relevance and applicability to the individual school district.

### Implementation

The implementation of a school health program focuses on who will receive the services, how services will be provided, and who will provide the services. Districts must establish priorities for student services and organize time frames for screening schedules, referrals, and follow-up procedures. Recognition must be made for time allotment for student emergencies and illness, health counseling, health teaching, and health appraisals.

### Evaluation

The evaluation provides a summation of the health program efforts. It points out areas where change is needed. An evaluation reveals strong and weak points. Evaluation results are also helpful in planning continuing education or inservice programs.

The school nurse must be prepared to present the end result of planning, implementation, and evaluation to administration. The purpose of accountability is to document the role of health services in the delivery of health care, to evaluate the efficacy of practices, and to modify or discontinue those practices shown to have no effect on the health status of individuals.



## STATE DEPARTMENT OF HEALTH
## RULES ON COMMUNICABLE DISEASE REPORTING

### 1.2 (139) T.1 Reportable diseases

1.2 (1) The following diseases or conditions are required to be reported to the Iowa State Department of Health, Lucas State Office Building, Des Moines, Iowa 50319 by the physician or other health practitioner attending any person infected with such disease:

A. Specific Diseases:

Acquired Immune Deficiency Syndrome (AIDS)
Amebiasis
Anthrax
Botulism
Brucellosis
Cholera
Campylobacteriosis
Cancer
Diphtheria
Encephalitis
Hepatitis, viral, (A, B, NON-A - NON-B, unspecified)
Histoplasmosis
Influenza
Legionnaire's disease
Leprosy
Leptospirosis
Malaria
Meningitis-specify bacteria or viral
Mumps
Pertussis (Whooping cough)
Plague
Poliomyelitis
Psittacosis
Rabies
Reye's Syndrome
Rheumatic fever
Rocky Mountain spotted fever
Rubella (German measles)
Rubella (congenital syndrome)
Rubeola (measles)
Salmonellosis
Shigellosis
Smallpox
Tetanus
Toxic Shock Syndrome
Trichinosis
Tuberculosis
Tularemia
Typhoid fever
Typhus fever
Yellow fever
Venereal Disease
Gonorrhea
Syphilis
Other-specify

B. Any other disease which is unusual in incidence, occurs in unusual numbers or circumstances, or appears to be of public health concern, e.g.,epidemic diarrhea, food or waterborne outbreaks, acute respiratory illness.

C. Cancer of any type. Do not send a report to the State Department of Health. The State Health Registry has been delegated to collect this data and will abstract hospital records.

NOTE: Be sure to mail the appropriate copy to both the state and local health departments.

## HEALTH SERVICES PROGRAM

School health services should be addressed by policies of the local school board. Local policies may address the following list of functions, which is not all inclusive:

* planning, development, and evaluation;

* health counseling;

* screening;
  (a) vision
  (b) scoliosis

* prevention and control of communicable diseases;
  (a) immunization
  (b) exclusion and reporting of students or employees who have communicable diseases

* provision for emergency cases;

* consultation and coordination with other student services and related instructional programs to focus on the health related needs of students and their families (including but not limited to special education and health education);

* liaison with community health resources;

* referral and follow-up to ensure that parents have been notified of identified problems and know how they can obtain needed services for their children;

* health appraisals of students;

* maintenance of pupil health records;

* reporting child abuse;

* medications;
  (a) prescribed as well as over-the-counter
  (b) storage
  (c) administration by school personnel

## PREVENTIVE HEALTH SERVICES

Within the scope of health services provided, there are specific core services that are needed regardless of population, socio-economic status or other external factors. Certain health problems do occur in children as they grow and develop. Beyond that, nurses' roles can and do vary considerably based on the identified health need of the population in the school community and the availability or utilization of health and medical care.

The scope of services school nurses can provide are most aptly described when considered in the primary, secondary, and tertiary framework used to describe preventive health care.

**PRIMARY PREVENTION:** includes all activities related to health promotion and specific protection from known threats to health. Examples:

- — assuring immunization compliance
- — instituting flouride mouthrinse programs
- — counseling students, families, and school personnel on health risks
- — monitoring the school environment to identify and eliminate specific health hazards
- — coordinating health promotion activities that raise awareness and encourage health lifestyles
- — participating in health education activities that promote wellness and positive health behaviors.

**SECONDARY PREVENTION:** refers to early detection and intervention of disease or disability. Examples:

- — physical appraisals at school entry and at appropriate intervals during the course of a child's development
- — screening programs for detection of vision, and hearing deficits, scoliosis, and blood pressure deviations.

**TERITARY PREVENTION:** includes services directed to those children with chronic illness and/or handicapping conditions who are now attending public schools. Many of these children have complex health problems requiring professional nursing management. Examples:

- — assess, develop, and implement individualized health programs
- — instruct teachers and non professional staff in the special procedures and services needed
- — monitor and/or provide medication and treatments as prescribed by physician
- — interpret medical records for teachers and staff
- — participate in staffings
- — collect and record data for health histories.

Source: S.J. Wold
School nursing: A framework for practice
St. Louis: C.V. Mosley, 1981

## RECOMMENDATIONS FOR EMERGENCIES

Each school district should have comprehensive, written emergency and illness care policies. The policies should be approved by school administration, board of trustees, and school nurse(s). Policies should be stated in a procedure manual.

* Emergency cards should include telephone numbers where parents/guardians may be reached during the day; other persons in the community to be called if parents cannot be located; local physician's name and telephone number; local hospital preference; any medical problems or drug allergies which tne student may have; and a parental signature.

* The nurse and/or other designated school personnel, with the emergency card, accompany the student to the hospital and remain until the parent/guardian assumes responsibility.

* Ambulance, police, fire departments, and poison control center phone numbers should be posted conspicuously and reviewed annually with staff members.

* Arrangements should be made, in cooperation with the principal, for another qualified person to administer first aid in the nurse's absence.

* The school should provide a health room and appropriate first aid supplies.

* First aid in the schools should be administered in accordance with accepted procedures, such as those of the American Red Cross. A current first aid manual should be kept in the health room for quick reference.

* The school nurse should be qualified as a certified First Aid and Curdiopulmonary Resuscitation Instructor. First aid and CPR classes should be offered to school personnel and students on a regular schedule.

* All first aid procedures should be reviewed annually.

* All animal bites should be reported to the proper authorities after emergency care is given.

* All incidents involving a head injury should be carefully documented. A parent/guardian of the student sustaining the head injury should be notified immediately. Head injury symptoms may not manifest at once, and parents must be made aware of later evolving signs and symptoms.

## FIRST AID

First aid is the immediate and temporary care given to a person who has been injured or has suddenly become ill.

Each school building should have the following basic supplies accessible to all school employees:

- adhesive tape
- bandaids-varied sizes
- absorbent cotton or cotton balls
- ace bandages-optional
- tongue blades
- baking soda
- cold packs
- tweezers
- safety pins
- splint or fracture support
- sterile bandages-varied sizes
- roller bandages-varied sizes
- triangular bandage (made from muslin)
- scissors-blunt, pointed
- green soap
- salt
- cotton applicators
- vaseline
- thermometers

OSHA requires physician's letter approving content of First Aid Kits.

Suggested First Aid Procedures

Use current First Aid Manual by American Red Cross as reference for developing local district procedures.

Emergency telephone numbers of every member of school (pupils and personnel) need to be readily available. Post in significant areas:

1. Emergency number(s) of medical help.
2. List of school staff qualified to render first aid.
3. Telephone number of nearest Poison Control Center.
4. Police or law enforcement telephone number.

If the nurse is not available, the staff should notify the principal immediately, who in turn will contact the school nurse if necessary.

Accident reports should be carefully documented. This is extremely important because of the law involving school liability, when there might be negligence on the part of any school personnel, or an accident which could be due to faulty school equipment.

For specific first aid procedures, refer to current Red Cross First Aid publication.

## ACCIDENT REPORT

Documentation should include:

1. Name of person involved.
2. Home address.
3. School
4. Sex
5. Age
6. Grade/Special program
7. Date and time of accident, day of the week.
8. Nature of injury.
9. Degree of injury.
10. Cause of injury.
11. Location of accident.
12. Activity of person.
13. Supervision (who was in charge?)
14. Agents involved (apparatus, equipment, etc.).
15. Unsafe act.
16. Unsafe mechanical—physical condition.
17. Unsafe personal factor (bodily defects, lack of skill, etc.).
18. Description of the accident.
19. Date of report.
20. Report prepared by (signature)
21. Principal's signature.
22. Name of witness(es)

## GUIDELINES FOR MEDICATION ADMINISTRATION

**MEDICATIONS.** Each school district shall establish written policies concerning the administration of prescribed and over-the-counter medication by school personnel during school hours. Medications shall not be administered unless the following requirements are met:

Proper labeling. Prescribed medicine shall be maintained in the original prescription container which shall be labeled with:

a. Name of pupil.

b. Name of medicine.

c. Directions for use.

d. Name of physician.

e. Name and address of pharmacy.

f. Date of prescription.

Parent's written consent. A parental signature on a statement requesting and authorizing school personnel to administer the medicine in accord with the prescription or parent request shall be filed at the school.

Record of administration. Each time medicine is administered a record shall be maintained to include the pupil's name, date, time, and signature of the person administering the medication.

Security. Each school or facility shall designate in writing the specific locked and limited access space within each building to store pupil medication.

a. In each building in which a full time registered nurse is assigned, access to medication locked in a designated space shall be under the authority of the nurse.

b. In each building in which a less than full time registered nurse is assigned, access to the medication shall be under the authority of the principal.

8/85

* * * ATTENTION * * *

On July 12, 1985, the Iowa State Board of Nursing issued a Declaratory Ruling in response to a request by Carol Hinton, R.N., school nurse from West Des Moines School District.

A Declaratory Ruling is a formal, legal, and binding decision to a specific circumstance or question. However, it also establishes a precedent in subsequent and similar cases.

The Declaratory Ruling stated:

> The Iowa Board of Nursing has determined that the Code of Iowa and the Iowa Administrative Code do not forbid administration of over-the-counter medications by a registered nurse.
>
> The registered nurse, using education and experience, may determine that the use of over-the-counter medication, ordered by a parent, is the appropriate care for some children. Thus, the registered nurse may follow a parent's direction to give such a medication.
>
> However, the registered nurse may also determine that an over-the-counter medication, ordered by a parent, could be detrimental to the child. In this case the registered nurse may refuse to administer the medication and state the reasons, in writing, to the parent.

This ruling has widespread implications for school nurses across Iowa. Nursing practice will involve more independent decision making as well as increasing the role of the school nurse in the total health of the school child.

## COMMUNICABLE DISEASE CONTROL

The school nurse should assume a leadership role in establishing a communicable disease control program in the school. The nurse works with the superintendent, principal, and teachers to develop written recommendations concerning:

* Enforcement of the statutes regarding immunization for school attendance.

* Establishment of policies for handling children suspected of having communicable diseases.

* Investigation to determine whether the school is the source of epidemics of communicable diseases.

* Reporting of communicable diseases on appropriate forms to the Iowa State Department of Health.

The nurse should be aware of all current communicable disease regulations. If the nurse is not in the school on a daily basis, the staff member responsible for exclusions and readmissions should be kept informed of current regulations. The nurse also helps teachers develop skills in observing symptoms which might indicate the onset of an acute communicable disease.

HON. TERRY E. BRANSTAD
GOVERNOR

NORMAN L. PAWLEWSKI
COMMISSIONER OF PUBLIC HEALTH

# IOWA STATE DEPARTMENT OF HEALTH
# DIVISION OF DISEASE PREVENTION

# CONTROL OF COMMUNICABLE DISEASES IN SCHOOLS

| DISEASE | INCUBATION PERIOD AND SYMPTOMS | MODE OF TRANSMISSION | PERIOD OF COMMUNICABILITY | CONTROL OF CASES | CONTROL OF CONTACTS |
|---|---|---|---|---|---|
| **CHICKENPOX (Varicella)** | 14-21 days; usually 13-17 days Mild symptoms and fever, Pocks blistery come in crops, most on covered parts of the body. | Person to person by direct contact, droplets or airborne spread of secretions; indirectly through articles contaminated by secretions. | From 5 days before to 6 days after rash appears. | Exclude from school and avoid contact with susceptibles until 7 days after onset of pocks. | Varicella Zoster Immune Globulin (VZIG) to immunodeficient susceptible contacts within 96 hours of exposure. |
| **COMMON COLD** | 12-72 hours; usually 24 hours. | Direct oral contact, droplet spread. Indirectly by hands and articles contaminated by secretions. | 24 hours before onset until 5 days after onset. | Exclude from school until symptoms are gone. | NONE |
| **DIARRHEAL DISEASES** | Varies depending upon causative agent. Loose, frequent stools which may be accompanied by vomiting, headache, abdominal cramping, fever. | Person to person contact, presumably by fecal contamination. May be spread by ingestion of fecally contaminated water and food. | Varies depending on causative agent. | Adequate handwashing of children & personnel after toilet use & diaper changes. Personnel handling food should give particular attention to handwashing. | Same as for "Control of Cases" |
| **ERYTHEMA INFECTIOSUM (5th Disease)** | 4-14 days. Prodrome low grade fever followed by erythema (slapped cheek) appearance on face, net-like rash on extremeties, lasts a few days - 5 weeks. | Presumed airborne droplet. | Unknown | After diagnosis. No exclusion from school. | NONE |
| **HEPATITIS A (Infectious)** | 10-50 days; Average 25-30 days. Usually abrupt onset with loss of appetite, fever, nausea, fatigue, abdominal discomfort. Jaundice may follow in a few days. | Person to person by fecal-oral route; contaminated water or food. | Approximately 2 weeks before and 1 week after onset of jaundice. | Good personal hygiene is essential. Exclude until physician allows return. Careful hand-washing is extremely important, particularly after toilet use or changing diapers. | Household and day care conta Immune serum globulin (ISG) 0.02 ml kg body weight, withi 14 days of exposure. |
| **HEPATITIS B (Serum)** | 45-160 days; Average 60-90 days. Usually inapparent onset. Loss of appetite. Vague abdominal discomfort, nausea, vomiting. Often progressing to Jaundice. Fever often absent. | Percutaneous inoculation of blood, saliva, semen, or mucus membrane from infected person. | Latter part of incubation period thru acute illness. | Exclude until physician allows return. | Each case should be individualized. Consult physician or health department. |
| **HEAD & BODY LICE (Pediculosis)** | 7 days for eggs to hatch. Itching of scalp, eggs and insects in hair. | Direct contact with infested person or indirectly by contact with contaminated personal articles. | Until lice and eggs are destroyed. | Exclude until after first treatment. | Family members should be checked and considered for treatment. |
| **IMPETIGO** | 4-10 days. Blistery like lesions. Crusted pus-like sores irregular in outline. | Direct contact with a person who has a draining purulent lesion. | Usually until all lesions have healed or patient has been treated with antibiotics for 24 hours. | Exclude from school until physician permits return. | NONE |
| **INFLUENZA** | 1-3 days. Abrupt onset, fever, chills, upper respiratory symptoms | Direct contact through droplet spread, probably airborne | days from clinical onset. | Exclude from school until symptoms are gone. | Immunizatio commended children with chronic health |

| | | | | | |
|---|---|---|---|---|---|
| **MEASLES (Rubeola)** | 8-13 days to rash, usually 10 days. Begins with fever followed by rash lasting 3+ days and cough, coryza, conjunctivitis. | Droplet spread or direct contact with nasal or throat secretions of infected persons. | [illegible]ays before to 5 days [illegible] onset of rash. | Isolation from first symptoms until 5 days after appearance of rash. | Vaccinate sus[illegible]s within 48 hours of ex[illegible] r ISG within 6 days. |
| **MENINGITIS, ASEPTIC (Including Viral)** | 2-21 days (depending on etiologic agent). | Varies with the specific infectious agent. | Greatest for 7-10 days before & after onset of symptoms. Virus may persist in stools for 1-2 months. | Isolate during febrile period. Careful personal hygiene with emphasis on handwashing is essential. | NONE |
| **MENINGITIS, MENINGOCOCCAL** | 2-10 days; Usually 3-4 days. | Direct contact with droplets & discharges from nose & throat of infected persons. | Variable; until meningococci are no longer present in nose and throat. | Isolate from first symptoms until patient is adequately treated with antibiotic for 24 hours. | Close surveillance. Antibiotic prophylaxis of close contacts |
| **MONONUCLEOSIS** | 2-8 weeks; fever, sore throat, swollen lymph glands. | Direct contact with saliva of infected person. | Not highly contagious. Communicable unknown period of time. 15-20% of healthy adults are oropharyngeal carriers. | Need not exclude unless ill. | NONE |
| **MUMPS** | 2-3 weeks, commonly 18 days. | Droplet spread & by direct contact with saliva of an infected person. | From 6 days before to 9 days after symptoms or swelling appears. | Isolate for 9 days from onset or until salivary gland swelling has subsided | Usually none. Vaccination or ISG may help protect susceptible contacts. |
| **RINGWORM (scalp & skin)** | Incubation unknown. Scalp-scaley patch of temporary baldness. Skin-flat inflamed ringlike sores. Sores that itch and burn | Direct contact with sores or indirectly with contaminated surfaces. | Long as sores are present. | Exclude from school until treatment begun. | NONE |
| **RUBELLA (German Measles)** | 14-21 days, Usually 16-18 days. Skin rash, mild fever, swollen glands at back of head, along neck, behind ears. | Droplet spread or direct contact with cases. | For about 7 days before and at least 4 days after rash appears. Congenital rubella babies may be infectious for several months or longer. | Exclude for 5 days after onset of symptoms. | Susceptibility testing of expos pregnant women. ISG given a exposure may modify or suppr symptoms |
| **SCABIES** | 2-4 weeks for first exposure. 1-4 days after re-exposure. | Direct contact with an infested person; indirectly by contact with contaminated personal articles. | Until mites and their eggs have been destroyed | Exclude infested children from school until after first treatment. | Treat all household and sexua contacts. |
| **STREPTOCOCCAL INFECTIONS (Including Streptococcal Sore Throat, Scarlet Fever)** | 1-3 days. | Direct or intimate contact with patient or carrier, rarely by indirect contact through objects or hands. | During incubation and illness until 24 hours after antibiotic treatment is begun. | Exclude from school until 24 hours after start of effective antibiotic therapy (usually penicillin) and no fever. | Antibiotic prophylaxis for hig risk persons—i.e., those with history of rheumatic fever. Symptomatic contacts should be cultured. |
| **VENEREAL DISEASES** 1. Gonorrhea | Usually 2-7 days, at times longer, often asymptomatic. When symptomatic, men usually have dusuria, frequency, and purulent urethral discharge & women may have abnormal menses and/or dysuria. | Contact with exudates of infected person as a result of sexual activity; neonatal infections by contact with birth canal during childbirth. | Months or years if untreated. | Mandatory reporting, antibiotic therapy. Refrain from sexual intercourse until culture negative. | Examining, culturing and treating all sexual contacts |
| 2. Syphilis | 10 days to 10 weeks; usually 3 weeks. May include a sore which develops at the site the organism enters the body; a rash, unexplained and prolonged sore throat, fever and headache. | Direct contact with infectious exudates; fetal infection may occur through placental transfer. | Variable and indefinite, may be intermittently communicable for 2-4 years. | Mandatory reporting, antibiotic therapy. Refrain from sexual intercourse until after treatment and lesions clear. | Examination, serologic test for syphilis, & treatment of al sexual contacts to infectious syphilis. |
| 3. Herpes Genitalis | 2-10 days. Very painful sores or blisters on or around the sex organs. | Direct contact with active herpes virus; neonatal infections by contact with birth canal during childbirth. | Most contagious when blisters are moist. | Refrain from intercourse while symptomatic. | NONE |
| **WHOOPING COUGH (Pertussis)** | 5-10 days. Average 7 days, rarely up to 21 days. | Direct contact with discharges from respiratory mucous membranes of infected persons by the airborne route, probably by droplets. | From onset of catarrhal stage to 3 weeks after typical paroxysmal cough begins. Antibiotics (usually erythromycin) may shorten infectious period. | Isolate from susceptibles, especially those under age 2 years, from first symptoms until 21 days after onset of paroxysmal cough. | Close observation of contacts : 14 days after exposure, & isolat of those who developed upper respiratory symptoms. Prophyl antibiotics, immunization, or booster may be considered. |

**REPORT THE FOLLOWING DISEASES IMMEDIATELY BY TELEPHONE (1-800-362-2736)**

| | | |
|---|---|---|
| Botulism | Plague | Smallpox |
| Cholera | Poliomyelitis | Yellow fever |
| Diphtheria | Rabies (Human) | Disease outbreaks of |
| Measles | Rubella | any public health concern |

**REPORT ALL OTHER DISEASES BELOW.** **WEEK ENDING** _____

See other side for list of reportable diseases.

| DISEASE | PATIENT | COUNTY OR CITY | AGE | SEX |
|---|---|---|---|---|
| | Name Parent (If applicable)<br>Address<br>Attending Physician | | | |
| | Name Parent (If applicable)<br>Address<br>Attending Physician | | | |
| | Name Parent (If applicable)<br>Address<br>Attending Physician | | | |
| | Name Parent (If applicable)<br>Address<br>Attending Physician | | | |
| | Name Parent (If applicable)<br>Address<br>Attending Physician | | | |

Reporting Physician, Hospital, or Other Authorized Person

Address

Remarks:

FOR SCHOOLS ONLY: Report over 10% absent only. Total enrollment: _____

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| No. Absent | | | | | |
| % of Enrollment | | | | | |

**REPORT NUMBER OF CASES ONLY**

| | |
|---|---|
| _____ Chickenpox | _____ Influenza-like illness (URI) |
| _____ Conjunctivitis (Pinkeye) | _____ Pediculosis (lice) |
| _____ Erythema infectiosum (5th Disease) | _____ Ringworm |
| _____ Gastroenteritis | _____ Scabies |
| _____ Impetigo | _____ Streptococcal sore throat or Scarlet fever |

ISHD - 2.0-105 2/84

☐ Check here if more cards are needed. Iowa State Health Dept. will mail

## MAILING INSTRUCTIONS

1. Detach top stub.
2. Fold manila-colored copy, insert in envelope, seal and mail. (No postage necessary.)
3. Send pink copy to local health office.
4. Keep the white copy for your own file.

REPORTER'S COPY

CODE OF IOWA, 1981
CHAPTER 140

VENEREAL DISEASE CONTROL


140.1 Title
140.2 Definition
140.3 Confidental Reports
140.4 Report to state department
140.5 Examination Results
140.6 Failure to report
140.7 Determination of source
140.8 Examination of persons suspected
140.9 Minors
140.10 Certificate not to be issued
140.11 Pregnant women
140.12 Blood tests in pregnancy cases
140.13 Medical treatment of newly born
140.14 Religious exceptions
140.15 Penalty
140.16 to 140.41 Repealed by 63GA,ch 136, Sec. 1


140.1 Title. This chapter shall be known as the "Venereal Disease Control Act".

140.2 Definition. For the purposes of this chapter venereal disease shall mean syphilis, gonorrhea, chancroid, granuloma inguinale, and lymphogranuloma venereum.

140.3 Confidential reports. Reports to the state department of health which include the identity of persons infected with venereal disease shall be kept secret, and all such information, records, and reports concerning the same shall be confidential and shall not be accessible to the public. However, such reports, information, and records shall be secret and confidential only to the extent which is necessary to prevent identification of persons named therein; and the other parts of such reports, information, and records shall be public records. The preceeding sentence shall prevail over any inconsistent provision of this chapter.

140.4 Report to state department. Immediately after the first examination or treatment, of any person infected with any venereal disease, the physician performing the same shall transmit to the state department of health a report stating the name, age, sex, marital status, occupation of patient, name of the disease, probable source of infection, and duration of the disease; except, when a case occurs within the jurisdiction of a local health department, such a report shall be made directly to the local health department which shall immediately forward the same information to the state department of health. Such reports shall be made in accordance with rules adopted by the state department of health. Such reports shall be confidential. Any person in good faith making a report of a venereal disease shall have immunity from any liability, civil or criminal, which might otherwise be incurred or imposed as a result of such report.

140.5 Examination results. Any person who is in charge of a public, private, or hospital clinical laboratory shall report to the state department of health, on forms prescribed by the department, results obtained in the examination of all specimens which yield evidence of or are reactive for syphilis, gonorrhea, chancroid, granuloma inguinale, or lymphogranuloma venereum. The report shall state the name of the person from whom the specimen was obtained, the name and address of the physician or other person submitting the specimen, the laboratory results, the test employed, and the date of the laboratory examination.

140.6 Failure to report. Any physician or other person who fails to make or falsely makes any of the reports required by this chapter concerning persons infected with any venereal disease, or who discloses the identity of such person, except as herein provided, shall be punished as provided in this chapter. Failure to report any venereal disease as specified in this chapter shall be cause for the refusal of a renewal of license as required in section 147.10.

140.7 Determination of source. The local or the state department of health shall use every available means to determine the source and spread of any infectious case of venereal disease which is reported.

140.8 Examination of persons suspected. The local board of health shall cause an examination to be made of every person reasonably suspected, on the basis of epidemiological investigation, of having any venereal disease in the infectious stages to ascertain if such person is so infected, and if so infected, to cause such person to be treated. No person shall be subjected to such examination who is under the care and treatment of a physician for the suspected condition. If a person suspected of having venereal disease should refuse to submit to an examination voluntarily, application may be made by the local board of health to the district court for an order compelling such person to submit to examination and if infected, to treatment. Such person shall be treated until certified to the local board of health or, if none, to the state department of health as no longer infectious. In every case of treatment ordered by the district court the attending physician shall so certify that the person is no longer infectious.

140.9 Minors. A minor who seeks diagnosis or treatment for a venereal disease shall have the legal capacity to act and give consent to medical care and service for venereal disease by public and private hospitals or public and private clinics for physicians. Such medical diagnosis and treatment is to be provided by a physician licensed to practice medicine and surgery, osteopathy, or osteopathic medicine and surgery. Such consent shall not be subject to later disaffirmance by reason of such minority. The consent of no other person or persons, including but not limited to spouse, parent, custodian, or guardian, shall be necessary.

140.10 Certificate not to be issued. No certificate of freedom from any venereal disease shall be issued to any person by any official health agency except as provided by chapter 596.

140.11 Pregnant women. Each physician attending a pregnant woman in this state shall take or cause to be taken a sample of blood of each such woman within fourteen days of the first examination, and shall submit such sample for standard serological tests for syphilis to the state hygienic laboratory of the state university at Iowa City or some other laboratory approved by the state department of health. Every other person attending a pregnant woman in this state, but not permitted by law to take blood tests, shall cause a sample of blood of each such woman to be taken by a duly licensed physician, who shall submit such sample for standard serological test for syphilis to the state hygienic laboratory of the state university at Iowa City or such other laboratories co-operating with and approved by the state department of health. If the blood of the pregnant woman reacts positively to such test, then, if she is married, the husband and other children by the same mother shall be subjected to the same blood tests as herein provided. If the pregnant woman is single, then the person responsible for the pregnancy and other children by the same mother shall be subjected to the same blood tests as herein provided.

140.12 Blood tests in pregnancy cases. Physicians and others attending pregnancy cases and required to report births and stillbirths shall state on the appropriate birth or stillbirth certificate whether a blood test for syphilis was made during such pregnancy upon a specimen of blood taken from the mother of the subject child and if made, the date when such test was made, and if not made, the reason why such test was not made. In no event shall the birth certificate state the result of the test.

140.13 Medical treatment of newly born. Each physician attending the birth of a child, shall cause to be instilled into the eyes of the newly born infant a prophylactic solution approved by the state department of health. This section shall not be construed to require medical treatment of the child of any person who is a member of a church or religious denomination and whose religious convictions, in accordance with the tenets or principles of his church or religious denomination, are against medical prophylaxis or treatment for disease.

140.14 Religious exceptions. No provision of this chapter shall be construed to require or compel any person, whose religious convictions are as described in section 140.13, to take or follow a course of medical treatment prescribed by law or a physician. However, such person while in an infectious stage of disease shall be subject to isolation and such other measures appropriate for the prevention of the spread of the disease to other persons.

140.15 Penalty. Any person violating any of the provisions of this chapter shall be guilty of a simple misdemeanor.

140.16 to 140.41 Repealed by 63GA, ch 136, Sec. 1.

# HANDWASHING

WHY?

—To prevent the spread of infection
—To protect yourself and others

HOW?

—Moderately running warm water
—Liquid or dry dispenser soap
—Rubbing hands together
—Rinse well
—Dry with paper towel
—Turn off faucet using a paper towel

WHEN?

—Before eating

—After using bathroom facilities

—Before handling food

—After caring for a student with nose, mouth, or ear discharge

—After contact with body secretions, such as blood, urine, feces, mucus, saliva, or drainage from wounds

—After handling soiled diapers, pads, garments, or equipment

—Before and after assisting a student in feeding or toileting

IOWA STATE DEPARTMENT OF HEALTH
RECOMMENDED IMMUNIZATION SCHEDULE
FOR NORMAL INFANTS AND CHILDREN

January 2, 1985

I. CHILDREN STARTING IMMUNIZATION FROM 2 MOS. THROUGH 14 MOS. OF AGE

| | |
|---|---|
| 2 mos. | DTP[1], TOPV[1] |
| 4 mos. | DTP, TOPV |
| 6 mos. | DTP[2] |
| 15 mos. | Measles, Rubella, Mumps (MMR)[3] |
| 18 mos. | DTP, TOPV |
| 4-6 yrs. | DTP, TOPV |
| 14-16 yrs. | Td - Repeat every 10 years |

II. CHILDREN IMMUNIZED FROM 15 MONTHS THROUGH SIX YEARS OF AGE

| | |
|---|---|
| First Visit | DTP, TOPV |
| Interval after first visit | |
| 1 mo. | Measles, Rubella, Mumps (MMR)[3] |
| 2 mos. | DTP, TOPV |
| 4 mos. | DTP[2] |
| 10-16 mos. (or School Entrance) | DTP, TOPV |
| 14-16 yrs. | Td - Repeat every 10 years |

III. PERSONS SEVEN YEARS OF AGE AND OVER

| | |
|---|---|
| First Visit | Td, TOPV[4] |
| Interval after first visit | |
| 1 mo. | Measles, Rubella, Mumps (MMR)[3] |
| 2 mos. | Td, TOPV[4] |
| 8-14 mos. | Td, TOPV[4] |

After 3rd Td - Repeat Td every ten years

Note:

1. Intervals listed between doses of DTP and TOPV are minimum periods. Intervals longer than those recommended do not generally jeopardize final antibody levels, therefore, it is not necessary to restart an interrupted series, or to add extra doses.
2. American Academy of Pediatrics lists the third TOPV as optional for areas where Polio might be imported.
3. Measles, Mumps and Rubella vaccines may be given in a combined form with a single injection.
   MMR may be administered simultaneously with DTP (Td) and TOPV.
   Females who are pregnant or who may become pregnant within the next three months should not receive MMR vaccine.
4. Guideline available from State Health Department for persons 18 and over.
5. Copies of the Iowa Immunization Regulations containing minimum requirements for school and child care center attendance are available on request.

Reference: Committee on Infectious Diseases, American Academy of Pediatrics
Committee on Infectious Diseases, Iowa Academy of Pediatrics Advisory Committee on Immunization Practice, U.S.P.H.S.

# CHAPTER 7
# IMMUNIZATION OF PERSONS ATTENDING ELEMENTARY OR SECONDARY SCHOOLS OR LICENSED CHILD-CARE CENTERS

470-7.1(139) Definitions.

7.1(1) "Admitting official" means the superintendent of schools or his or her designated representative if a public school; if a nonpublic school or licensed child-care center, the governing official of the school or child-care center.

7.1(2) "Applicant" means any person seeking enrollment in a licensed child-care center or elementary or secondary school.

7.1(3) "Doctor" means a medical doctor or doctor of osteopathy licensed by a state board of medical examiners.

7.1(4) "Elementary school" means pre-kindergarten and kindergarten if provided, and grades one through eight or grades one through six when grades seven and eight are included in a secondary school.

7.1(5) "Licensed child-care center" means a facility licensed by the state department of social services to provide child day care for seven or more children.

7.1(6) "Provisional enrollment" means enrollment for a period of time not to exceed the limit specified in rule 7.6(2) to allow the applicant to meet the requirements of these rules. A provisionally enrolled applicant is entitled to access to all the benefits, activities, and opportunities of the school or child-care center. Provisional enrollment shall not deny the school funding for the applicant.

7.1(7) "Secondary school" means (a) a junior high school comprising grades seven, eight, and nine, and a senior high school; (b) a combined junior-senior high school comprising grades seven through twelve; (c) a junior high school comprising grades seven and eight and a high school comprising grades nine through twelve; (d) a high school comprising grades nine through twelve.

This rule is intended to implement Iowa Code Section 139.9.

470-7.2(139) Persons included. The immunization requirement specified elsewhere in these rules apply to all persons enrolled or attempting to enroll in a licensed child-care center or a public or nonpublic elementary or secondary school in Iowa.

This rule is intended to implement HF 163, sections 5 and 6, Acts of the Sixty-seventh General Assembly.

470-7.3(139) Persons excluded. Exclusions to this law are permitted on an individual basis for medical and religious reasons. Applicants approved for medical or religious exemptions shall submit to the admitting official a valid Iowa State Department of Health certificate of immunization exemption.

7.3(1) A medical exemption may be granted to an applicant when, in the doctor's opinion, the required immunizations would be injurious to the health and well-being of the applicant or any member of the applicant's family or household. A medical exemption may apply to all the required immunizations. A waiver to a specific vaccine due to an age restriction or medical contraindication shall be indicated on the certificate of immunization. A certificate of immunization exemption for medical reasons is valid only when signed by a doctor. If in the opinion of the doctor issuing the medical exemption, the exemption should be terminated or reviewed at a future date, and expiration date shall be applied to the certificate of immunization exemption.

7.3(2) A religious exemption may be granted to an applicant who is an adherent or member of a recognized religious denomination and in which the tenets and practices of the religious denomination conflict with immunizations. A certificate of immunization exemption for religious reasons shall indicate the religion of the applicant and be signed by the applicant, or if a minor, by the parent or guardian or legally authorized representative. The certificate of immunization exemption for religious reasons is valid only when notarized. Religious exemptions shall become null and void during times of emergency as determined by the state board of health and declared by the commissioner of public health.

470-7.4(139) Required immunizations.

7.4(1) 0-2 months of age: Immunization not required.

7.4(2) 2-18 months of age: Applicants shall have received:

a. At least one dose of combined diphtheria, tetanus, and pertussis vaccine. Pediatric diphtheria and tetanus vaccine may be substituted when pertussis vaccine is contraindicated for the child; and

b. At least one dose of trivalent oral polio vaccine.

7 4(3) 18 months of age and older: Applicants enrolled or attempting to enroll in a licensed child care center shall have received:

a. At least three doses of combined diphteria, tetanus and pertussis vaccine. Adult tetanus and diphtheria vaccine or pediatric diphtheria and tetanus vaccine may be substituted for combined diphtheria, tetanus and pertussis vaccine when pertussis vaccine is contraindicated for the child; and

b. At least three doses of trivalent oral polio vaccine; and

c. At least one dose of rubeola vaccine received after the applicant was at least twelve months of age. Applicants receiving the vaccine after February 1, 1981 shall have been at least fifteen months of age at the time of the immunization; and

d. At least one dose of rubella vaccine received after the applicant was at least twelve months of age. Applicants receiving the vaccine after February 1, 1981 shall have been at least fifteen months of age at the time of the immunization.

7.4(4) 4 years of age and older: Applicants enrolled or attempting to enroll in a public or nonpublic elementary or secondary school shall have received:

a. At least three doses of combined diphtheria, tetanus, and pertussis vaccine. At least one dose of combined vaccine shall have been received after the applicant's fourth birthday. Applicants six years of age and older are exempt for receiving further doses of pertussis vaccine. Adult tetanus and diphtheria or pediatric diphtheria and tetanus vaccine should be substituted for combined diphtheria, tetanus, and pertussis vaccine for children six years of age and older or when pertussis vaccine is contraindicated for the child; and

b. At least three doses of trivalent oral polio vaccine. At least one dose of trivalent oral polio vaccine shall have been received after the applicant's fourth birthday. Applicants eighteen years of age and older are exempt from the polio requirement. Persons with a previous history of inactivated polio vaccine and persons seeking immunization against polio with inactivated polio vaccine should consult with the Iowa State Department of Health, Division of Disease Prevention, for immunization recommendations; and

c. At least one dose of rubella vaccine or demonstrate a positive hemagglutination antibody inhibition titer to rubella. Applicants receiving the vaccine shall have at least twelve months of age at the time of the immunizations. Applicants receiving the vaccine after February 1, 1981 shall have been at least fifteen months of age at the time of the immunization.

d. At least one dose of rubeola vaccine after January 1, 1965. Applicants receiving the vaccine shall have been at least twelve months of age at the time of the immunization. Applicants receiving the vaccine after February 1, 1981 shall have been at least fifteen months of age at the time of the immunization. The rubeola requirement shall be waived for applicants with a history of rubeola illness diagnosed by a doctor.

This rule is intended to implement Iowa Code Section 139.9.

470-7.5(139) Proof of immunization.

7.5(1) Applicants, or their parents or guardians, shall submit a valid Iowa State Department of Health certificate of immunization to the admitting official of the school or licensed child-care center in which the applicant wishes to enroll. To be valid the certificate shall be signed by a doctor, or a physician's assistant, or a nurse practitioner, or a county public health nurse, or a school nurse, or an official of a local health department. The judgment of the adequacy of the applicant's immunization history should be based on records kept by the person signing the certificate of immunization or personal knowledge of the applicant's immunization history, or comparable immunization records from another person or agency, or an international certificate of vaccination, or the applicant's personal health records. If personal health records are used to make the judgment, the records shall provide the types of immunizations received, and the date, and the sources of the immunizations. Persons validating the certificates of immunization are not held responsible for the accuracy of the information

used to validate the certificate of immunization if the information is from sources other than their own records or personal knowledge.

7.5(2) Persons wishing to enroll who do not have a valid State Department of Health certificate of immunization available to submit to the admitting official shall be referred to a doctor, or a physician's assistant, or a nurse practitioner, or a county public health nurse, or a school nurse, or an official of a local health department to obtain a valid certificate.

This rule in intended to implement HF 163, sections 5 and 6, Acts of the Sixty-seventh General Assembly.

470-7.6(139) Provisional enrollment.

7.6(1) Applicants who have begun but not completed the required immunizations may be granted provisional enrollment. To qualify for provisional enrollment, applicants shall have received at least one dose of each of the required vaccines or be a transfer student from another school system. Applicants shall submit a valid Iowa State Department of Health Provisional Certificate of Immunization to the admitting official of the school or licensed child-care center in which the applicant wishes to be provisionally enrolled. To be valid, the certificate shall be signed by a doctor, or a physician's assistant, or a nurse practitioner, or a county public health nurse, or a school nurse, or an official of a local health department. Persons validating the provisional certificates of immunization are not held responsible for the accuracy of the information used to validate the provisional certificate of immunization if the information is from sources other than their own records or personal knowledge.

a. Any persons wishing to be provisionally enrolled who does not have a valid Iowa State Department of Health provisional certificate of immunization to submit to the admitting official shall be referred to a doctor, or a physician's assistant, or a nurse practitioner, or a county public health nurse, or a school nurse, or an official of a local health department to obtain a valid certificate.

7.6(2) The amount of time allowed for provisional enrollment shall not exceed one hundred twenty calendar days or the remainder of the semester in which the applicant is currently provisionally enrolled, whichever is greater. The period of provisional enrollment shall begin on the date the certificate is signed. The person signing the certificate shall assign an expiration date to the certificate and shall indicate the remaining immunizations, if any, required to qualify for a certificate of immunization.

7.6(3) The applicant or parent or quardian shall assure that the applicant receives the necessary immunizations during the provisional enrollment period and submits a certificate of immunization to the admitting official by the end of provisional enrollment period.

7.6(4) If the applicant has not submitted a certificate of immunization by thirty calendar days prior to the expiration of the provisional enrollment, the admitting official shall notify the applicant, or if a minor, his or her parents or guardian in writing of the impending expiration of provisional enrollment and invite the applicant and parents or guardian for a conference to discuss the rules regarding provisional enrollment.

7.6(5) If at the end of the provisional enrollment period the applicant or parent or guardian has not submitted a certificate of immunization, the admitting official shall immediately exclude the applicant from the total school program until the applicant or parent or guardian submits a validated certificate of immunization.

7.6(6) If at the end of the provisional enrollment period the applicant has not completed the required immunizations, the provisional enrollment may be extended if the applicant or parent or guardian submits another Iowa State Department of Health provisional certificate of immunization accompanied by a statement from a doctor that the necessary immunization(s) could not be given due to the applicant's medical status during the provisional enrollment period.

This rule is intended to implement HF 163, sections 5 and 6, Acts of the Sixty-seventh General Assembly.

470-7.7(139) Records and reporting.

7.7(1) It shall be the duty of the admitting official of a licensed child-care center elementary or secondary school to assure that he or she has a valid Iowa State Department of Health certificate of immunization, certificate of immunization exemption, or provisional certificate of immunization on file for each child he or she has enrolled. The admitting official shall assure that the certificate has been properly completed, including date of immunization and sources of immunization, and validated by the appropriate party.

a. The admitting official shall keep the certificates on file in the school or licensed child-care center in which the applicant is enrolled and assist the applicant or parent or guardian in the transfer of the certificate to another school upon the transfer of the applicant to another school.

b. Unless otherwise requested by the applicant, or parent or guardian, the admitting official shall retain the Iowa State Department of Health certificate of immunization, or certificate of immunization exemption, or provisional certificate of immunization for one year commencing upon the transfer or graduation of the applicant.

7.7(2) It shall be the duty of the local boards of health to audit the Iowa State Department of Health certificates of immunization, certificates of immunization exemption, and provisional certificates of immunization in the schools within their jurisdiction to determine compliance with this Act. The local boards of health shall furnish the State Department of Health within sixty days of the first official day of school a report of the audit. The report shall be submitted for each school within the local board of health's jurisdiction and shall include the enrollment by grade, and the number of Iowa State Department Health certificates of immunization, certificates of immunization exemption, and provisional certificates of immunization by grade.

7.7(3) The local board of health and the Iowa State Department of Health shall have the right to have access to the Iowa State Department of Health certificates of immunization, certificates of immunization exemption, and

the provisional certificates of immunization of children enrolled in the elementary and secondary schools and licensed child-care centers within the constraints of the privacy rights of parents and students.

This rule is intended to implement Acts of the Sixty-seventh General Assembly, Chapter 76, section 1, subsections 5, 6, and 8.

470-7.8(139) Providing immunization services. It shall be the duty of the local boards of health to provide immunization services where no local provision exists for the services.

This rule is intended to implement HF 163, sections 5 and 6, Acts of the Sixty-seventh General Assembly.

470-7.9(139) Compliance. Applicants not presenting proper evidence of immunization, or exemption, are not entitled to enrollment in a licensed child-care center or elementary or secendary school under the provisions of this law. It shall be the duty of the admitting official to deny enrollment to any applicant who does not submit proper evidence of immunization according to 7.5(139) of these rules and to exclude a provisionally enrolled applicant in accordance with rule 7.6(139).

The rule is intended to implement HF 163, section 5 and 6, Acts of the Sixty-seventh General Assembly.

470-7.10(139) Effective date. As a prerequisite to admission, an applicant shall present (1) a certificate of immunization, or (2) a provisional certificate of immunization, or (3) a certificate of immunization exemption by the beginning of the second semester of the 1977-1978 school year in an elementary or secondary school or by January 4, 1978 in a licensed child-care center.

This rule is intended to implement House File 163, sections 5 and 6, Acts of the Sixty-seventh General Assembly.

[Filed 11/10/77, Notice 10/5/77 - published 11/30/77, effective 1/4/78]
[Filed emergency 12/23/77 - published 1/11/78, effective 12/23/77]
[Filed emergency after Notice 9/18/78, Notice 5/31/78 - published 10/4/78, effective 9/18/78]
[Filed Emergency 1/15/81, effective 2/1/81]
[Filed 9/23/83, Notice 7/6/83 - published 10/12/83, effective 11/16/83]

## IMMUNIZATION CARDS

Chapter 139.9(6) of the immunization law and 470-7.7(139) of the rules requires annual audits of all schools from kindergarten through 12th grade whether public, private, or parochial.

All cards in each school shall be audited to assure that both sides are complete including: signature of Health Care providers to School or County nurse, name and date of birth of student, any waivers granted by a physician must be signed by that physician, and source, day, month, and year of immunization.

In December of 1983 the immunization rules were amended to require measles and rubella immunizations at all grade levels.

There is no law or rules requiring a school to transmit immunization cards to a new school. The Iowa Administrative Code requires the admitting official to retain the "cards" for one year commencing upon the transfer or graduation of the applicant unless the applicant requests the card.

The Department of Health recommends the following procedure:

1. For students transferring out of state, send a copy, front and back, of the card but keep the original card.

2. For students transferring to a school in state, keep a copy but transfer the original.

The law does not specify that a card must be original. Copies can be made and glued to a card.

The law does hold the applicant (or parent or guardian) responsible for presenting the admitting offices with proof of the applicants immunization status.

Provisional cards for transfer students need no immunizations. The purpose of the card is to identify children whose records are in transit and given them a reasonable period of time to obtain the information.

Source: Department of Health
May 24, 1985
September 30, 1985

I. White Certificate of Immunization

a. The white certificate of immunization is used when a child that has had all of the required immunizations is admitted to a school. The requirements are:

1. Three (3) or more DPT's or T.d.'s (one after age 4).
2. Three (3) or more polio's (one after age 4).
3. Measles and rubella, (mumps are not required by law).

b. A medical waiver can be granted to the applicant by the applicant's physician for any or all vaccines.

II. Yellow Certificate of Immunization

a. The yellow certificate of immunization works the same way as the white certificate of immunization with two (2) exceptions:

1. This card is used by the child care and the day care centers.
2. This card is to remind the school nurse that the applicant needs a booster dose of DPT and polio before entering kindergarten.

b. A properly completed "yellow" certificate may be substituted for a white.

III. Provisional Certificate of Immunization

This two part certificate is used in two ways:

1. The applicant must meet the requirement of the immunization law, by having one DPT (if under six years old) or T.d. (if older); one polio, a measles and a rubella immunization. The applicant has 120 days to complete the rest of the immunizations or the remainder of the school semester, whichever is longer.
2. The certificate is also used for a transfer student that comes in from another school or state. This student also has 120 days or the remainder of the school semester to get immunization records from the school or state he or she came from.

IV. Certificate of Immunization Exemption

This certificate is printed on both sides, one side is for religious exemption, which means that an applicant who is a member of a religious denomination that does not believe in immunizations can be exempt from getting the immunizations. The other side of this certificate is for a medical exemption which means that an applicant can be exempt from getting immunizations if a doctor feels that the immunizations would be injurious to the health of the applicant or any member of the applicants family.

FRONT

IOWA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF IMMUNIZATION

CPE-53264
229-0440

* _____
APPLICANT'S NAME

I certify that the above named applicant has a record of adequate immunization with the following vaccines on the date listed on the reverse side.

☐ DPT, DT or TD; ☐ Polio; ☐ Measles ☐ Rubella
Mumps (not required by law)

A waiver to _____ vaccine(s) due to medical contraindiction is granted to this applicant.

A Representative of the Local Board of Health or Iowa State Department of Health may review this Certificate for survey purposes.

* * _____ _____

Signature of Doctor or Health Official | Date | Signature of Parent or Guardian

*Must be completed to be valid.

COLOR -- White
PURPOSE -- Certified Record of Immunization

BACK

RECORD OF IMMUNIZATIONS

BIRTH DATE * _____

| Vaccine [1] | | Date Given * | Given By * |
|---|---|---|---|
| DPT DT or TD Doses | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| | 5 | | |
| Polio-Dose | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| | 5 | | |
| Measles | | | |
| Mumps | | | |
| Rubella | | | |

*Must be completed to be valid.
[1]Vaccine and dates must conform to law.

FRONT

CHILD CARE

IOWA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF IMMUNIZATION

CPE-49346
ISHD
2.0-092
6/83

*

APPLICANT'S NAME

I certify that the above named applicant has a record of adequate immunization with the following vaccines:

☐ DPT, DT or TD; ☐ Polio; ☐ Measles ☐ Rubella
Mumps (not required by law)

A waiver to _____ vaccine(s) due to age restriction or medical contraindiction is granted to this applicant.

One additional dose DTP and Polio required after 4 years of age to enter school.

A Representative of the Local Board of Health or Iowa State Department of Health may review this Cerufícate for survey purposes.

*  *

Signature of Doctor or Health Official | Date | Signature of Parent of Guardian

*Must be completed to be valid.

COLOR -- Yellow
PURPOSE -- Required for Pre-school programs.
May be used interchangeably for school-age child.
(Acceptable alternative to white certificate)

BACK

RECORD OF IMMUNIZATIONS * (Required by Law)

BIRTH DATE *

| Vaccine | | Date Given* | Given By * |
|---|---|---|---|
| DPT DT or TD Doses | •1 | | |
| | •2 | | |
| | •3 | | |
| | 4 | | |
| | 5 | | |
| Polio-Dose | •1 | | |
| | •2 | | |
| | •3 | | |
| | 4 | | |
| | 5 | | |
| Measles • | | | |
| Mumps | | | |
| Rubella • | | | |

*Must be completed to be valid.

CAUTION -- Check for Booster updates.
Check date of Doctor's signature. Must be current with last vaccination.

FRONT

SHD–2.0 - 091 4/79 PR002254

*

EXPIRATION DATE

IOWA STATE DEPARTMENT OF HEALTH
PROVISIONAL CERTIFICATE OF IMMUNIZATION

* *

APPLICANT'S NAME BIRTH DATE

The above named applicant qualifies to enroll provisionally because ☐ he or she is a transfer student from another school or ☐ he or she has received at least one dose of each of the required vaccines but has not completed all the required immunizations. A total of 120 days or the remainder of the current school semester is allowed to complete the remaining immunizations and submit a Certificate of Immunization.
Remaining immunizations required (if any) _____

A REPRESENTATIVE OF THE LOCAL BOARD OF HEALTH OR IOWA STATE DEPARTMENT OF HEALTH MAY REVIEW THIS CERTIFICATE FOR SURVEY PURPOSES.

* *

Signature of Doctor or Health Official DATE SIGNATURE OF PARENT OR GUARDIAN

PARENT COPY

*Must be completed to be valid.

COLOR -- Light blue (Parent copy)
Tan (carbon copy - school copy)

PURPOSE -- Provisional

BACK

RECORD OF IMMUNIZATIONS

| Vaccine | | Date Given* | Given By* |
|---|---|---|---|
| DPT DT or Td Doses | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| | 5 | | |
| Polio-Dose | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| | 5 | | |
| Measles, Mumps & Rubella (Specify) | | | |

*Must be completed to be valid.

IOWA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF IMMUNIZATION EXEMPTION

(MEDICAL)

* _____ * _____

Applicant's Name — Birth Date

In my opinion the required immunizations would be injurious to the health and well being of the above named applicant or any member of the applicant's family or household.

* _____

Expiration Date

* _____ * _____ _____

Doctor's Signature — Date — Signature of Parent or Guardian

SHD-2.0-083-4/79

*Must be completed to be valid.

COLOR -- Blue

PURPOSE -- Medical or Religious Exemption

IOWA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF IMMUNIZATION EXEMPTION

(RELIGIOUS)

* _____ * _____

Applicant's Name — Birth Date

The above named applicant is a member or adherent of a recognized religious denomination. The tenets and practices of the religious denomination conflict with immunization. I understand that this exemption shall become null and void during times of emergency or epidemic as determined by the State Board of Health and declared by the Commissioner of Public Health.

SEAL OF NOTARY PUBLIC

* _____

Religious Denomination

A representative of the local Board of Health or Iowa State Department of Health may review this certificate for survey purposes.

* _____ * _____

Parent's Signature — Date

CPA-79182

*Must be completed to be valid.

IOWA
HEALTH
DEPARTMENT

3300-F20473-8/86

HON. TERRY E. BRANSTAD
GOVERNOR
PAUL F. CARLSON
ACTING COMMISSIONER OF PUBLIC HEALTH

MEMORANDUM

DATE: June 30, 1986

TO: School Superintendents, Local Health Departments, Public Health Nursing Services, Visiting Nurses, School Nurses

FROM: Fred H. Appleton, Director
Immunization Program

RE: Audit of School Immunization Records - 1986

Chapter 139.9(6) of the immunization law and 470-7.7(139) of the rules requires annual audit of all schools from kindergarten through 12th grade whether public, private, or parochial.

All cards in each school shall be audited to assure that both sides are complete.

The question arises each year as to what constitutes a proper immunization record. On the surface the law is clear. However, the problem arises in applying the law to individual cases. Generally speaking, a card must have the following information:

1. name of recipient
2. date of birth
3. signature of proper health official
4. date signed by health official
5. day, month, and year of doses
6. source of immunization
7. waivers (if applicable)

The largest problem arises with obtaining the signature of the proper official. Under the law an office [redacted] nurse's name is not acceptable, however, a physician's name stamp is acceptable. We feel the problem of obtaining legally proper signatures can be handled best on an individual bases at the local level. When not adhered to we find cards often have been signed by the "nurse" next door rather than by a proper official. This is especially likely in day care situations.

If a waiver to a vaccine is granted only a physician may sign the card.

The second greatest problem is documenting the receipt of vaccine. The less information available, the greater the likelihood that the person is susceptible to the disease.

The intent of the audit is to provide the most accurate record possible. For the lower grades, usually junior high school and lower, there are few valid reasons for not being able to obtain complete data-source, day, month, and year. The few cases where data has been difficult or impossible to obtain have been custody battles, foster children, and out of state transferees. In the majority of these cases the individuals have not received the vaccines. If no documentation is available some or all of the vaccines must be taken again.



LUCAS STATE OFFICE BUILDING ☐ DES MOINES IOWA 50319-0075 ☐ 515/281-5787

For the upper grades documentation is often much more difficult as some were in school before documentation was required. While proper documentation is ideal, certain adjustments, such as only the year, or the month and year, may be acceptable if vaccines were clearly given after the proper dates. It should be understood that the less accurate the data the more likely that shot was improperly administered.

The audits are due in our office by October 30, 1986.

Parent signatures are important for the purpose of demonstrating that the school has complied with the privacy acts but is not a requirement of the law.

This spring Iowa experienced three measles importations in school settings. The outbreaks began in the high schools and resulted in nine hospitalizations. Sixty cases were recorded and over 120 associated measles cases were identified. Spread cases were detected in preschool children. While the majority of cases were in properly documented students a disturbing number, 50% in one outbreak, were in students improperly documented or improperly immunized. It is imperative that the high school students immunized at less than 12 months of age be reimmunized (or receive a waiver). Failure to obtain good data due to whatever excuse is not sufficient reason to allow that student to attend class. There is no reason not to give measles/rubella vaccine to high school students.

Please be particularly alert for rash illnesses in the first month of school and report them to us by phone, 1-800-362-2736. Once introduced, control of measles is difficult and time consuming, as well as dangerous to the person ill.

Fred H. Appleton

Fred H. Appleton, Director
Immunization Program

FHA/rr

## SCREENING

The objective of screening students is to detect health problems. A good screening program is rapid and is accepted by the students and staff.

- Maintain appropriate equipment for screening.
- Pre-plan with involved teachers prior to the day of screening.
- Obtain or update health history.
- Utilize health screening as a vehicle for one-to-one health counseling.
- Record all findings on health records.
- Record results of follow-up on screening activities (re-test, medical referral, etc.). Screening is of no value without adequate follow-up resulting to appropriate treatment.
- Schedule appropriate time via telephone for parent contact, home visit, parent-school visit regarding referrals on all significant health problems.
- Schedule a teacher-nurse conference following student screening to discuss health problems and their educational implications.
- Notify appropriate building staff of students with significant medical problems and health program adjustment.

# Spinal Screening --Background

## Why is screening important?

The earlier spinal deformities are detected, the better the response to treatment and the more likely that brace treatment can be effective so surgery won't be required. So it is important to find those young people who have scoliosis and kyphosis while their condition is still in its mildest stages.

But that often doesn't happen. Early adolescence is not generally a time of many medical problems, so the young person might go for years without being examined by a doctor. The conditions in their early stages do not cause pain. And adolescence is an age of modesty. Parents often don't have an opportunity to see the young person's bare back. Even if they did, they would not be likely to notice the slight symptoms of mild scoliosis or kyphosis unless they were specifically looking for them and trained to find them.

Screening large numbers of young people appears to be the only way in which spinal deformities are likely to be detected in their early stages, which is when the best results of treatment can be achieved and the most drastic forms of treatment avoided. Without screening, young people will continue to become victims of scoliosis and kyphosis, requiring major surgery to bring results that might be less favorable than if the conditions had been uncovered earlier and treated by brace.

Spinal screening has been recommended and endorsed by the American Academy of Orthopaedic Surgeons, which has issued this statement:

> The American Academy of Orthopaedic Surgeons hereby gives its official recommendation to any program of routine examination of school children for the detection of scoliosis and other crippling spine deformities. The Academy recognizes that by early detection more appropriate treatment can be given and better total treatment of this disabling health problem can be carried out.

## How often should screening be done?

All screening is useful and is bound to start some young people toward a course of treatment that will save them from serious problems in the years ahead. But to be totally satisfactory, a once-and-done effort is not enough. To get to the point where most cases

are caught as they first develop, regular screening is needed. Experience has shown that once-a-year screening is adequate in detecting spinal deformities without overburdening the people who plan and carry out the program. In Delaware, where annual screening for scoliosis has been carried out for many years, officials report that almost no children require surgery for scoliosis because the condition is found in its early stages when bracing is adequate and when the final outcome of treatment is better.

## Who should be screened?

Since scoliosis and kyphosis develop rapidly during the growth-spurt years, screening should be focused on the early adolescent period. Most programs have included students in the fifth through tenth grades, and experience shows that this range is a good choice.

## SUGGESTIONS FOR PREPARING FOR SCREENING THE FIRST TIME

Make whatever contacts you feel would be helpful to develop support for the program both to start it as well as carry it out in school and beyond into the community. (Physicians, Board of Health, School Administrations, etc.)

Get School Board approval so that it becomes a part of the official school program.

Individual releases do not need to be used if you screen the whole class of children and the Board has approved the screening as a part of the school program. You must, however, make it public what you are going to do, when and whom plus giving parents a chance to notify you if they do not want their child screened.

The first year it is the best idea to send a letter to each family explaining all of the whats and whys to be sure they understand.

Releases are required when Scoliosis screening is not part of the official school program approved by the School Board.

Prepare the school staff. One of the screening films could be a real help with this. Some have used selected films for the students, as well, but these should be screened ahead of time to be sure they won't over alarm the youngsters. Most of the films are for staff training and orientation.

Talk to each group of students and demonstrate to them exactly what to expect. They should know where you are going to be when you check them. Privacy is important. Parents and students need to be aware of who will be doing the screening with particular emphasis if it is other than school staff. Clothing should be discussed with suggestions of choices for the girls so they can feel comfortable and relaxed.

Reports need to go to all parents of children who took part in screening with special contacts being made with parents of mild suspects as well as those who you feel need to see a physician.

Mild suspects need to be rechecked at 3 or 4 month intervals in order to recognize any changes that might put them in the referral category.

School age brothers and sisters of identified scoliotics should be screened, with permission. There are strong hereditary tendencies.

Record all observations and actions for further referance.

Keep parents involved and informed with appropriate emphasis at all times.



ESC-063-79

The Easter Seal Society for Crippled Children and Adults of Iowa, Inc.

SO YOU ARE GOING TO BE CHECKED FOR SCOLIOSIS

1. What is Scoliosis? A sideways curving of the spine.

2. Why? There are a lot of causes for scoliosis but the most common type shows up in adolescent children without any apparent reason. This is when the most rapid growth takes place.

3. Wouldn't a person know it if they had a curve? There is usually no pain connected with early scoliosis and people can't see their own back very easily, besides not knowing what to look for.

4. How is screening done? Students will be asked to first stand and then bend forward with arms hanging while the screener checks for symptoms of scoliosis.

5. Does the screening hurt? No.

6. Are there shots or xrays involved with the screening? No.

7. What are the physical signs of scoliosis? Changes in the shape of the upper part of your body that cause one side to look different than the other side. The person may look crooked, have one shoulder lower than the other, ribs may look bigger on one side, one leg may seem to be longer or they may have an obvious curve in their back.

8. What are the chances of having scoliosis? Some studies have found that 2 in 100 students have some curving of the spine but only 2 in 1,000 students need treatment for scoliosis. The ones that keep getting worse are the ones that need treatment.

9. Does everyone with scoliosis need treatment? As long as scoliosis stays mild and doesn't keep getting worse, no treatment is needed, it just needs to be checked on a regular basis.

10. What is the treatment for those who need it? Scoliosis that keeps getting worse may need to be treated with a brace. Some that really get bad sometime need surgery.

11. How often should students be checked? Once a year, 5th through 9th grade, as they continue to grow.

12. Will the nurse tell me if I have scoliosis? No, she will report her concerns to parents or guardians who will have a doctor check for symptoms and the doctor will determine if there is a problem.

# IMPLEMENTING THE SCHOOL SCOLIOSIS SCREENING PROGRAM*

Child Health Specialty Clinics
University of Iowa Hospitals and Clinics
Hospital School Building
Iowa City, IA 52242

January, 1985

*We extend deep thanks and appreciation to Ms. Mary Wanninger, Minnesota Dept. of Health; Mr. Norman Miller, The Easter Seal Society of Iowa; and Dr. Stuart Weinstein, University of Iowa Dept. of Orthopedics for their assistance and advice during development of this program.

# IMPLEMENTING THE SCHOOL SCOLIOSIS SCREENING PROGRAM

## I. PRE-SCREENING ACTIVITIES

### A. Scheduling

1. Consult with school administration for time and place to screen all students in grades 5-9.

2. Screening blocks of students at a time may be most efficient (e.g. all 5th grade girls).

3. Fall or early winter screening will allow time for follow-up of referrals.

4. Recruitment of assistants to help with processing the students and recording data might be helpful.

5. Have some kind of ordered roster of all eligible kids (e.g. by classroom, by gender, by grade or by alphabetical order).

### B. Orientations

1. School Screener (nurse, physical education instructor, health aide) - should attend a regional workshop or receive individual training from the Child Health Specialty Clinics nurse.

2. Parents - Send pre-screen letter to parents of all kids newly entering program.

3. Students - The question and answer flyer "So You Are Going To Be Checked For Scoliosis" is clear and nonthreatening. A short unit in health class would also be appropriate.

4. Physicians - Many physicians will probably already know of the program. A short rationale for the program is, however, included as part of the referral letter.

C. Room Considerations

1. Common places include gymnasiums, locker rooms, large nurses offices and empty classrooms.

2. Room dividers or other means for creating privacy - screen boys and girls separately.

3. Nonskin colored backdrop may improve observation ability.

II. SCREENING ACTIVITIES

A. Boys should be barebacked - girls may wear a swimsuit top, halter top or bra.

B. Child standing upright - feet 2-3 inches apart, arms at sides.

1. View from back check for:

a. uneven shoulder height

b. spinal curvature

c. uneven shoulder blade (scapula) protrusion

d. uneven hip level (can also check this from the front)

e. uneven waistline

f. unequal distances between straight down hanging arms and sides of body

[Note: Only findings a-d should be recorded on the control form; e and f are supportive findings which may be included in a referral letter.]

2. View from side, check for:

a. accentuated round back in thoracic area (kyphosis)

b. accentuated swayback in lumbar area (lordosis)

C. Child in "forward bending position" - bent 90 degrees at waist, knees straight, arms hanging towards floor with palms together, feet 2-3 inches apart, head down.

1. View from front, check for:

a. one side of back higher than the other = "rib or chest cage hump" - (could be in thoracic or lumbar area) - this is the singularly most significant finding

2. View from side, check for:

a. angulated spine hump - (a kyphosis from bad posture will show a smooth contour without notable hump).

D. Use of Blocks - Blocks will straighten a spinal curve if the curve is due to a leg length discrepancy. Have a one cm. and two cm. block available. A leg length discrepancy of greater than two cm. should be referred.

E. Recording data - during screening

1. Spinal screening program control form:

a. Each student should have a line on the spinal screening program control form.



APk:01/15/85mm

b. Use checkmarks or code letters as appropriate.

c. Physician referral:

1) Recorded diagnosis and treatment codes will indicate that a referral has taken place and a physician's report returned.

2) Absent diagnosis and treatment codes indicate that either referral results are unknown or the referral has not taken place.

2. Absences - students not screened due to absence should be listed on the control form and screened at a later date.

III. POST-SCREENING ACTIVITIES

A. Referrals

1. For kids with positive findings on screening, letters should be sent to the parents and physician via the parents. Phone calls or personal visits may be helpful to further explain screening and allay anxieties of parents and child.

2. Results of the referral should come back to the school screener via the parents. If referral results are unknown after a reasonable length of time, then a phone follow-up to the parents is strongly encouraged.

3. Accentuated kyphosis, lordosis, leg-length discrepancy, or other significant finding should be referred.

B. Rescreens - for questionable findings

1. Should be rechecked in 3-6 months.

2. May need to explain to child and parents the reason for rescreening.

3. Depending on screener's confidence, the CHSC nurse-trainer may be called in to assist with rescreening.

C. Screen siblings of diagnosed cases - this is a good idea because idiopathic scoliosis is often familial

D. Recording data - after all screening is complete

1. Scoliosis screening summary report form:

a. Every child screened will be counted in column #1 of the summary data report.

b. Any child chosen to be rescreened will be counted in column #2.

c. Any child referred to a physician will be counted in column #3.



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d. Any child referred to a physician, but the results are unknown or the referral has not occurred will be counted in column #11.

e. Columns #4-10 correspond to the 3 diagnosis codes and 4 treatment codes.

f. The summary report should be completed annually and sent to the regional CHSC center indicated on the back of the form. These statistics will be used to estimate prevalence and incidence of scoliosis in Iowa school children as well as the preventive value of screening.

2. Student's school health record - should receive an entry regarding screening results



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## SPINAL SCREENING PROGRAM
Control Form

SCHOOL _____

ADDRESS _____

SCREENER _____

GRADE _____ CLASS SIZE _____ DATE OF SCREENING _____

diagnosis code: n=normal
o=other

treatment code: o=observation
b=brace/elect. stim
s=surgery
u=unknown/none

| STUDENT NAMES | SEX | DOB | A - Shoulder B - Spine C - Scapula | Hip | Chest Cage Hump | Back: R- round S- sway | Spine Hump | Under current medical treatment Y/N | No Follow-Up Necessary (normal) | Rescreen | Refer to Physician | diag code | trt code |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

CHILD HEALTH SPECIALTY CLINICS

SCOLIOSIS SCREENING - SUMMARY REPORT

| School Name | | |
|---|---|---|
| School District Name | AEA | District Number |
| County | City | |

▶ **SEE DIRECTIONS ON REVERSE SIDE**

| A. SCREENING RESULTS THIS SCREENING | | | | B. REFERRAL RESULTS FOR THIS SCREENING | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | | | Results of Professional Examination | | | | | | | |
| | | | | Diagnosis | | | Recommended Scoliosis Treatment | | | | |
| Grade M=Male F=Female | Total Number Screened | Number of Questionable Findings not Referred | Number of Positive Findings Referred | Scoliosis | Normal | Other | Observation | Bracing / Elect. Stim. | Surgery | None/ Unknown | Follow-up incomplete |
| *4M | | | | | | | | | | | |
| *4F | | | | | | | | | | | |
| 5M | | | | | | | | | | | |
| 5F | | | | | | | | | | | |
| 6M | | | | | | | | | | | |
| 6F | | | | | | | | | | | |
| 7M | | | | | | | | | | | |
| 7F | | | | | | | | | | | |
| 8M | | | | | | | | | | | |
| 8F | | | | | | | | | | | |
| 9M | | | | | | | | | | | |
| 9F | | | | | | | | | | | |
| *10M | | | | | | | | | | | |
| *10F | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | |

adapted from: Minnesota Department of Health
Services for Children with Handicaps

SCHOOL SCOLIOSIS SCREENING REPORT

| Name of Person Completing this Report | School Year of this Report |
|---|---|
| Title of Person Completing this Report | |
| Telephone Number (include area code) | |

**DIRECTIONS:**

1. Send separate report for each school.

2. Grades 4 and 10 are not routinely screened in all schools.

3. **Screening results THIS screening: SECTION A**

   a) Record numbers in each column for appropriate grade and sex of children screened.

   b) Column 2 is for those children with questionable findings at this screening who **have NOT** been referred to a physician.

4. **Referral results THIS screening: SECTION B**

   a) This section should report the results of **medical** follow-up on the children referred from this year's screening.

   b) Columns 4-10 are for recording the findings of the examining physician.

   c) Column 10 should reflect those children seen by a physician and diagnosed as having scoliosis, but the recommended treatment is unknown to you.

   d) Column 11 should reflect those children referred where no report has been received from the examining physician or where the parents have not completed the follow up.

**RETURN COMPLETED FORM BY MAY 1, TO:**

Pre-screening Letter to Parents

Dear Parent:

This year, fifth through ninth grade students in the School District are being offered a free examination to detect possible spinal problems. In areas where screening is already being done, spinal variations have been detected in about four percent of the adolescent population and two percent have required active treatment or continued observation. The purpose of this program is to recognize the problem at its earliest stages so that the need for treatment can be determined.

Examinations will be done during the next few weeks by school personnel who have been given special training.

The procedure for screening is a simple one. A trained examiner inspects the child's spine as he or she stands and bends forward. If the screening results are abnormal, parents will be notified and asked to see their own physicians for further evaluation of the possible spinal abnormality. Sometimes the screening results are unclear, not quite normal, but also not quite abnormal. If this is the case, students will be rescreened at school within a few months to determine if a doctor visit is necessary.

If your child is currently under active treatment for a spinal problem, or if you would rather not have your child screened, please let us know.

Sincerely,

_____

Scoliosis Screener

SAMPLE

_____School District

I do not wish to have my son/daughter, _____,
to be screened for possible postural disorders in the _____
_____School District Postural Screening
Program.

_____
Signature of Parent/Guardian

_____
Date

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## VISION SCREENING

The purpose of a vision acuity screening program is to:

- Identify through mass screening any student with vision difficulty.
- To test further and evaluate those students who failed the initial screening
- To refer for additional examination and possible treatment, if indicated.

It is recognized that much learning is acquired through the sense of sight, and any undetected and uncorrected visual defect may affect a student's adjustment in school.

## Informal Vision Checklist

1. Does the child have any of the following:

   crusted, red-rimmed, swollen eyes?
   frequent styes?
   watering or bloodshot eyes?
   crossing or turning out of eyes?

   If yes, refer.

2. Does child behave in any of the following ways:

   rub eyes frequently?
   blinks frequently when looking at near target?
   closes or covers one eye or tilts head for close work?
   squints when not in direct sunlight?

   If yes, refer.

3. Does child exhibit nystagmus? (Rhythmic "twitching" of eyes, horizontally or vertically)

   If yes, refer.

4. Does child stare at light sources? Move hands or object close in front of eyes?

   If yes, refer.

5. Does child have fear of stairs? Trail the wall with fingers? Lift foot too high when stepping over object?

   If yes, refer.

6. Does child follow a moving person or object with coordinated eye movements? Horizontally? Vertically? Circular?

   If no, refer.

7. Is child using <u>both</u> eyes for vision? (This can be determined by a short "game" called the cover test—cover one eye with your hand, a paper card, index card, or whatever else is handly. Have the child watch a stationary object with the uncovered eye for a few seconds, then abruptly remove cover from the other eye. Any jerky shift to alignment or any misalignment <u>fails</u> the cover test. Perform on each eye separately, preferably twice.)

   If any failures on the cover test, refer.

Developed by: Preschool Visual Acuity Project
Bureau of Child Research
University of Kansas
Parsons Research Center
Parsons, Kansas 67357

## RESOURCES

### Informative Pamphlets Available

* Home Eye Test for Preschoolers
* Crossed Eyes: A Needless Handicap (G106)
* Glaucoma...Sneak Thief of Sight (G1)
* Glaucoma - for the patient (G2)
* First Aid for Eye Emergencies - sticker (G117)
* TV and Your Eyes (G507)
* The Aging Eye: Eye Care for Older Persons (G3)
* Your Eye: Eye Care for Older Persons (G3)
* Your Eyes for a Lifetime of Sight (G510)
* The Eye and How We See (V-7)
* Sunglasses...Know what you're getting and what they're really for (G501)

Available from: National Society to Prevent Blindness and its Affiliates, 79 Madison Avenue, New York, NY 10016

RESOURCES

Hearing Screening Guidelines for
School Nurses
NASN, Inc.
Lamplighter Lane
P.O. Box 1300
Scarborough, ME 04704
207/883-2117

Vision Screening Guidelines for
School Nurses
NASN, Inc.
Lamplighter Lane
P.O. Box 1300
Scarborough, ME 04704
207/883-2117

# I. DENTAL HEALTH

## A. Preventive Programs

### 1. Fluoride Mouthrinse Programs

a. Are recommended for children and youth first grade through twelth grade in schools that are not accessible to fluoridated water.
b. Recommend weekly rinsing with a 0.2 percent solution of neutral sodium fluoride.
c. Can result in 35 percent fewer cavities.
d. Children who are benefiting from community water fluoridation may receive added protection from use of fluoride mouthrinse.
e. Nondental personnel, including classroom teachers and parents, with minimal training can supervise the procedure.

### 2. Dental Health Education

a. Optimum oral health, in part, depends on knowledge of the structure and function of oral tissues and the causes and treatment of various oral diseases.
b. Develop abilities needed for daily plaque removal.
c. Diet and nutrition information.

(1) Develop an understanding of the relation to sugar and to dental disease
(2) Develop awareness of healthly snack foods.
(3) Restrict sale of sugar-rich foods and non-nutritious snacks at school concession stands, vending machines, and fund-raising activities.
(4) Establish a policy for approved nutritious snacks and treats for birthday parties and special days.

### 3. Health Promotion

a. Dental Referral Cards

(1) Are available at cost from the Bureau of Dental Health Education, Oakdale Hall, Oakdale, IA 52319.
(2) Purpose is to remind the child and parent(s) that regular dental supervision is necessary.
(3) Cards should not be signed by the dentist until all the necessary dental care has been completed.

(4) Contests, prizes, or public recognition of obtaining needed dental care is discouraged as there are frequently families who, for various reasons, will not comply with the school's request to take the child to the dentist. It could be embarrassing to the children if they are publicly penalized for failure to receive dental care.

b. Dental Excuse Forms

(1) Are available from the Bureau of Dental Health Education at cost.
(2) Dental needs of children far exceed the number of available time for dental treatment outside school hours.
(3) The Iowa State Department of Health and the Iowa Dental Association recommend children be excused from school for dental appointments.

4. Preventing Oral Traumatic Injuries During School Sports Activities

Injury to the orofacial region during participation in sports activities is a common phenomenon, especially in association with contact sports. Nearly 50% of all sports-related injuries in unprotected children occur in or around the oral cavity. Every athlete has approximately a 10% chance of sustaining an oral injury each season and a 30-50% change of injury during the sporting career. The types of injuries occuring in the oral facial region include:

* Laceration of lips and oral soft tissues.
* Tooth fractures.
* Tooth displacement/loss.
* Fractures of tooth supporting
* Bone.
* Jaw fractures
* Cerebral concussion and intercranial damage.
* Neck injuries

a. Preventive Measures in Sports

Injuries to head, neck, and orofacial region are well documented in contact sports such as football. The "Football Smile" revealing the absence of the four upper-anterior teeth was the price an atnlete paid for success which results in a lifetime of discomfort and disfigurement. The intensity of the contact was best described by Vince Lombardi who referred to "kissing" as a contact sport and football as a "collision" sport. Other "contact" sports where in orofacial injury is a potential hazard include hockey, basketball, wrestling, soccer, boxing, and la crosse.

In 1957, face masks were recommended for football helmets by the National Federation Football Rules Committee which subsequently ruled the use of face masks as mandatory. In 1962, the National Alliance Football Rules Committee adopted a ruling requiring all football players to wear mouth protectors (mouth guards). Since their introduction, mouth protectors have been responsible for a 10-fold decrease in orofacial injuries.

b. Mechanism of action of Mouth Protectors

Mouth protectors have several functions:

(1) They hold the lips and cheecks away from the teetn, preventing laceration and bruising.
(2) They cushion and distribute the forces of trauma which would otherwise cause fracture or dislocatin of the anterior teeth.
(3) They prevent the teeth from slamming together which might cause chipping, fracture, or damage to supporting structure.
(4) They provide support to the mandible and absorb impacts that could cause fracture of the mandible or the condyle.
(5) They prevent concussions, cerebral hemorrhage, and possible death by absorbing the impact that could drive the condyles against the base of the skull.
(6) They protect against neck injuries which could result from trauma to the head and neck.
(7) They replace the function of removable dental prostheses that might otherwide be broken and accidently swallowed or aspirated.

c. Types of Mouth Protectors

The most desirable qualities of mouth protectors are retention, comfort, ease of speech, tear resistance, ease of breathing, and protection for the teeth, lips, and gingiva. Mouth protectors are usually fabricated for the axillary arch, except in cases of a protrusive lower jaw.

The dentist should play an important role in examining athletes and fitting them with mouth protectors. Dental disease should be brought under control prior to the fitting of a mouth protector.

Mouth protectors are of three varieties:

(1) Stock-mouth protectors are manufactured from rubber or plastic, may be purchased from sporting goods stores, and are a "one-size-fits-all" variety. The only

advantage of these are their low cost. The disadvantages include:

* Poor fitting
* Poor retention, requiring clenching of teeth to hold in place
* Discomfort

(2) Mouth-formed varieties are manufactured in a kit which allows them to be fitted to the athlete's teeth and oral structures. These require the aid of a dentist to ensure a proper fit. The advantages are:

* Relatively low cost
* Ease of fabrication (especially important when fitting in a group setting)
* Need for only one sitting

The disadvantages include:

* Less than ideal retention
* Poor tear resistance
* Less than optimal comfort

(3) Custom-made mouth protectors are fabricated by the dentist upon models made from impressions of the athlete's dentition. The dentist then makes adjustments in the athlete's mouth for optimal fit. The advantages include:

* Good fit
* Good retention
* Ease of cleaning
* Durability
* Comfort

The disadvantages are:

* High cost
* Need for two appointments with dentist

d. Special Considerations

Athletes who are wearing any type or removable maxillary prostheses should remove them during the sporting event and the mouth protector worn. Athletes undergoing orthodontic treatment with braces should have a custom-made mouth protector fabricated to fit over the orthodontic appliances.

Mouth Protector Care:

(1) Should be washed with soap and water and thoroughly rinsed following each use.
(2) Stored dry in a perforated container.
(3) Rinsing with amouthwash or antiseptic is recommended prior to each use.
(4) Frequently need to be replaced annually.

5. Recommendations

Custon-made mouth protectors consistenly provide the most desirable qualities of all the varieties available and offer the best protection.

A mouth protector must be worn to be effective. Therefore, the variety which is least objectionable to the athlete and more likely to be worn will offer the best protection. A mouth-formed protector is less desirable than the custom-made variety, but is acceptable. The stock-mouth protector is not recommended. As is the case with football, the wearing of mouth protectors should be mandatory in all sponsored athletic contact sporting events to include:

a. Football
b. Hockey
c. Basketball
d. Wrestling
e. Soccer
f. Boxing
g. La crosse

The use of mouth protectors should begin upon entry into any contact sporting activity at any age. Prior to age 12-13 years, the mouth protector may require frequent adjustment to allow for dental growth changes, and most likely annual replacement will be necessary.

Local dental societies and organizations may wish to cooperate with the schools in a mouth-protector program. If so, the following recommendations may be of assistance:

a. The fitting should be accomplished by local dentists.
b. With few exceptions, should be fitted over upper teetn.
c. The athlete should be in good dental health before the constructing of a mouth protector.
d. Should be worn at all times during practice as well as in games.

B. Dental Emergencies at School

Dental emergencies arising at school are relatively uncommon, but when they occur they usually require immediate action to minimize the discomfort of the child and to maximize the healing and recuperative potential. The four most common dental emergencies which occur at school will be discussed with regard to the immediate and appropriate action to be taken. In all instances, the child should be seen by a dentist as soon as possible.

1. Toothache

When a child announces the presence of a "toothache," two facts are almost certain:

a. It will most likely get worse, not better.
b. Little can be accomplished at school, and the dentist should be seen as soon as possible.

The only help that may be offered at school is a mild analgesic such as that administered for a headache, i.e., aspirin or Tylenol in the appropriate dose. The child should be seen by a dentist as soon as possible to relieve the pain and prevent infection.

2. Trauma to the Oral Tissues (laceration and bleeding)

Should an injury occur that causes bleeding and laceration of the oral soft tissues, the dentist should be seen as soon as possible. The child should use a gauze pack or similar material with pressure on the bleeding sight to control the bleeding. Areas most likely to be traumatized are the cheeks, lips, muscle attachments (frenula), gums, and the tongue. Many of these require suturing for proper healing and must be evaluated by the dentist.

3. Tooth Fractures

Trauma to the face which results in the fracture of one or more teeth can be quite unnerving to the child and parent(s). In addition, the damage to the nerve of the injured teeth can be minimized by proper and early care. It is important that any fracture that is clearly visible should be evaluated and treated by a dentist as soon as possible to prevent further nerve damage which often accompanies unattended fractures subject to constant irritation. Occasionally, the trauma to the face may not result in a tooth fracture, but in loosening of teeth instead, which often is accomplished by bleeding around the teeth. Again, a dentist should evlauate these teeth as soon as possible.

4. Tooth Avulsion

When a child's permanent tooth is knocked out of the mouth, proper and immediate treatment is absolutely necessary to provide the best possible chance of saving the tooth. The following steps should be accomplished immediately by a responsible person:

a. Remain calm. Have child bite on gauze or clean cloth with pressure to control bleeding.
b. Find the tooth.
c. Pick up the tooth by handling it by the crown only. Do not touch the root surface.
d. Carefully rinse the debris from the tooth gently with running water.
e. Immediately place the rinsed tooth back into the socket in the child's mouth. The tooth is usually shovel-shaped. Place the concave side toward the inside of the mouth.
f. Get the child to the dentist immediately.

5. Alternative Treatment

If it is not possible to place the tooth back into its original position in the mouth, the tooth should be kept moist, and the child and tooth transported to the dentist immediately (preferably within 30 minutes).

Recent studies have shown that the best way to keep the tooth moist is to place in a glass of milk. Other alternatives are listed in decreasing order of effectiveness:

a. Glass of milk.
b. Class of cold water.
c. Child's mouth next to cheek.
d. Moist cloth.

Source: Department of Health
8/85

PEDICULOSIS RESOURCES

Pediculicide Performance, Profit, and the Public Health (March 1986) Archives of Dermatology, pp. 259-261.

Comparactive Efficacy of Tratments for Pediculosis Capitis Infestations (March 1986). Archives of Dermatology, pp. 267-271.

Control of Head Lice in School Settings--Suggested Measures. Iowa State Department of Health, Lucas State Office Building, Des Moines, IA 50319. 515/281-5643.

## INTERSCHOLASTIC ATHLETICS

Each local school district has the authority to establish their own conduct code regarding training rules and conduct of their student athletes.

Each school district has the perogative of their own type of insurance coverage to be offered to individuals for interscholastic athletics.

For additional information, contact the appropriate office:

BOYS —Iowa High School Athletic Association
P.O. Box 10
Boone, Iowa 50036 (515)432-2011

GIRLS—Iowa Girls Athletic Assoication
2900 Grand
Des Moines, IA 50312 (515)288-9741

## CHILD ABUSE

The State of Iowa has amended previous legislation to provide protection for children through increased reporting and investigation of child abuse. The three types of abuse covered under the law are:

1. Any nonaccidental physical injury which is at variance with the history given of it, suffered by a child as the result of the acts or omissions of a person responsible for the care of a child.

2. The commission of any sexual abuse with or to a child by any person.

3. The failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, or other care necessary for the child's health and welfare when financially able to do so or when offered financial or other reasonable means to do so.

   A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child, however, this provision shall not preclude a court from ordering that medical services be provided to the child where the child's health requires it.

NOTE: A "child" means any person under the age of eighteen years.

### Penalty for Failure to Report

Any person required by this law to report a suspected case of child abuse who knowingly and willfully fails to do so, is guilty of a misdemeanor and upon conviction shall be fined not more than one hundred dollars or be imprisoned in the county jail not more than 30 days. Any person required by this law to report a suspected case of child abuse who knowingly fails to do so, is civically liable for the damages proximately caused by such failure.

### Immunity from Liability

A person participating in good faith in the making of a report or photographs or x-rays pursuant to this chapter or aiding and assisting in an investigation of a child abuse report persuant to Section 23.271 shall have immunity from any liability, civil, or criminal, which might otherwise be incurred or imposed. The person shall have the same immunity with respect to participation in good faith in any judicial proceeding resulting from the report or relating to the subject matter of the report.

### Reporting Procedures

The oral report shall be made by telephone as soon as possible, but

no later than 24 hours to: Iowa Department of Human S ervices, Child Protective Investigation Unit, Telephone: 515/281-8880 or 800/362-2178 (24 hour number).

The written report, "Report of Child Abuse" shall be made within 48 hours of the oral report.

The following is a brief summary of legislation passed by the Iowa Legislature 1985:

House File 426 - Permits alleged sexual abuse victims under age 14 to testify on closed-circuit television or videotape.

The bill also allows child abuse victim or witnesses to testify outside the courtroom with the stipulation that the defendant's attorney is present and can cross-examine them.

In addition, when children testify against relatives in a grand jury hearing, steps must be taken to help reduce the trauma of the event for the child.

The bill also permits child abuse victims to be treated medically or psychologocially without the consent of parents. Funding for this service is provided through the State Victim Reparation Fund.

House File 462 - Expands the use of videotaped testimony of child abuse victims in court and creates a court guardian position to help child abuse victims.

The bill also provides for child victim medical services to be funded through the Crime Victim Reparation program. In addition, the legislation requires no corroboration of a child victim's testimony when considering that evidence as testimony.

Also, the bill extends the statute of limitations on sexual abuse prosecutions from three to four years.

House File 451 - A mandatory reporter now must contact the Department of Human Services, (DHS) orally within 24 hours. A written report must be submitted to the DHS within 48 hours of the oral report. Forms for making the written report are available from DHS offices in every county.

This change means that a mandatory reporter is no longer required to notify the building administrator. Mandatory reporters cannot be coerced into notifying anyone of the report except DHS. If the mandatory reporter does notify the principal or superintendent that a report has been made, they may be violating the statutory confidentiality of the report.

If a mandatory reporter wishes to notify a superior of the report, they must include that fact in the written report or notify DHS that the information has been disseminated to a third party. In such instances, a written record must be sent to the DHS central registry and must include the name of the superior, the date and the purpose of redissemination. Violation of this law, knowingly or unknowingly, is a simple misdemeanor, meaning a maximum fine of $100 or imprisonment up to 30 days.

The law now requires that DHS notify the mandatory reporter of the results of the investigation. The reporter's identity is kept confidential as a matter of law and policy.

A mandatory reporter who knowingly and willfully fails to report suspected child abuse may result in civil and/or criminal liability. What is required for reporting is a "reasonable belief" that the child has suffered harm at the hands of or due to the omission of a parent or other person responsible for the care of the child.

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## MAKING A REFERRAL

When making a referral to the Department of Human Services about an alleged incident of child abuse, there are pieces of information which the investigator will need. This information will help to determine the immediate danger to the child and to determine whether (as defined by Iowa Code) child abuse exists. While one informant cannot provide all of this information, the questions below can help you in preparing to call in a referral.

A. Nature of the Referral

1. Why is the family being referred?
2. What incident caused you to call us?

B. For Physical Abuse

1. Has the child been injured?
2. What is the nature of the injury (size, shape, location, color, description)?
3. When did the injury occur?
4. Who caused the injury? How?
5. Did you see this happen?
6. How do you know this happened?
7. Did you see the injury?
8. How do you know there was an injury?
9. Is medical care needed?
10. Could the parent (or other responsible caretaker) have prevented the injury? How?

C. For Sexual Abuse

1. What is the nature of the sexual abuse? (Who did what to whom?--Specifically) It is important to know as precisely as possible what happened to determine later whether the incident is within the definition of sexual abuse and investigatable.
2. What is the relationship between the alleged abuser and the child?
3. When did the alleged abuse occur?
4. How did you find out the abuse occurred?
5. Was the child injured? How?
6. Do you think medical treatment is needed?
7. Has the child received a medical exam?
8. (If the alleged abuser is not a responsible caretaker, then:) Could the parent (or other responsible caretaker) have prevented the incident?

D. Denial of Critical Care

1. What kind of care is not being provided to the child?
2. What person is responsible for depriving the child of this care?

3. What effect has this lack of care had on the child?
4. Has the child been hurt or harmed?
5. Is medical care needed for the child?
6. When did the incidents you are reporting occur? (Do you have these incidents logged in written form?)
7. How did you find out these things happened?

E. History of Abuse

1. How long has this situation been going on?
2. Do you know of any prior incidents of abuse or neglect? (what, when, where, etc.)

F. Other Information

1. Does the family know your referral is being made?
2. Do you think the family is likely to flee? If yes, why do you think so?
3. What other people have witnessed abusive incidents (or injuries or other evidence of abuse?)

## BEHAVIORAL INDICATORS OF CHILD ABUSE

The following is a list of very specific behaviors which are frequently shown in abused children:

1. Repeated running away and reluctance to return home when found.
2. Compulsive lying.
3. Compulsive stealing.
4. Almost constant anger and destruction.
5. Resistance or refusal to go to school voluntarily.
6. Frequently to constantly pretending they are ill.
7. Almost constant engaging in attention-seeking behavior.
8. Constant overactivity.
9. Constantly acting without thinking (age appropriate).
10. Severe relationship problems with teachers in school.
11. Irrational fears of objects or situations.
12. Consistently avoiding contact or involvement with others.
13. Inability to tolerate a loss of self-control.
14. Inability to form trusting relationships with others.
15. Lack of age appropriate self-care skills or behavior.
16. Extreme verbal abuse to other children.
17. Lack of friends or peer relationships.
18. Frequent masturbation without regard to the social situation.
19. Bizarre and/or excessive sex play with peers.
20. Extremely low self-esteem.
21. Constant depression which prevents functioning.
22. Rapid, extreme mood changes with no external cause.
23. Constant worrying and tenseness which interferes with all or many activities.

24. Suicidal attempts or gestures.

25. Constantly acting younger than his/her age.

26. False beliefs that affect behavior to an extreme degree.

27. Substantial daydreaming, to the extent it distorts reality.

28. Intentionally self-inflicted injuries.

29. Constant expectations of perfection in himself/herself and others to the degree that the expectations affect relationships with otners adversely.

30. Apathy—does not smile; appears solemn, watchful.

31. Stiff body that resists being held.

32. Arrives early and stays at school late.

33. Tired and falls asleep in class.

## FEELINGS THE CHILD MAY HAVE

It is important to keep in mind the full range of feelings which the child may have as a result of the abuse situation.

A Fear

1. Of probable anger or retribution by non-perpetrator parent(s).
2. Of separation from family.
3. Of rejection by family.
4. Of perpetrator
5. Of social worker's intervention

B. Depression

1. From ambivalence over incident
2. From reaction of others to situation
3. From not being believed.
4. From rejection by abdicating parent.
5. From any separations.
6. From powerlessness in situation.
7. From loss of innocence or virginity.
8. From feelings of inferiority and lack of self-worth.
9. From guilt/shame/embarrasssment.

C. Rejection

1. Caused by being alone or separated from family.
2. By friends.
3. By school.
4. Through disbelief expressed by others in family, police, caseworker, etc.
5. Through deprivation of the support provided by the perpetrator in a long-term situation.
6. Through realization of being used.
7. By individuals or kinship group.
8. By parents because of resentment of the occurrence.

D. Anger/Hostility

1. Toward parents or the abdicating parent.
2. Toward the perpetrator
3. Toward people the same sex as the perpetrator.
4. Toward siblings.
5. Toward self.
6. Toward society for intervening or not intervening.
7. At loss of innocence or virginity.
8. Toward caseworker or anyone interviewing.
9. Because of fears, ambivalences, rejections, anxieties, guilts.

E. Ambivalence/Confusion

1. From missing the relationships; but also being ashamed of it.
2. From asking, "What part did I play?"
3. From being thrust into a new environment (court, police station, shelter, foster home).
4. About own feelings.
5. About what is happening.
6. From wondering, "Did I make the right decision?"
7. From asking, "Is this what I wanted?"
8. From thinking, "Now I'm a woman." versus, "Now I've lost my innocence."

F. Guilt/Shame/Embarrassment

1. Over participation in sexual relationship, acts, practices.
2. About discovery.
3. About pleasurable feelings.
4. About family dissension.
5. About manifesting too little or too much knowledge of the sex act and deviant sexual behavior.
6. About alienation of other family members.
7. After having gotten perpetrator "in trouble."
8. About break-up of the family.
9. About embarrassment to the family.
10. About outside intervention.
11. About not revealing occurrence immediately.
12. About pregnancy, when that occurs.

G. Anxiety

1. About the uncertain future.
2. About what's going to happen to me. . . to my family.
3. About whether this will happen again.
4. About getting the perpetrator in trouble.
5. About causing this situation to happen.
6. About what others will think.
7. About friends knowing.
8. About future sexual relationships.
9. As expressed in nightmares, insomnia, enuresis, etc.

— "Dos" to teach your child:

Do practice the buddy system.

Do call a neighbor or police or the operator if someone tries to get into the house when you are home alone.

Do tell me when someone tells you to keep a secret.

Do tell me when someone offers you a gift or money or wants to take your picture.

— "Don'ts" to teach your child:

Don't play in deserted places.

Don't admit to anyone over the phone that you are home alone.

Don't go near a car with someone it in.

Don't get into a car without my permission.

Don't go into anyone's house without my permission.

— "Dos" for parents:

Know your child's friends.

Listen when your child tells you he or she does not want to be with someone—there may be a reason why.

Make clear to your child whose home or car he or she may enter.

Make sure the school or daycare center or babysitter will not release your child to anyone but you or your designate.

Notice when someone shows your child a great deal of attention and find out why.

Be sensitive to any changes in your child's behavior or attitude; encourage open communication.

Have a set plan with your child in case of any emergency.

— "Don'ts" for parents:

Never belittle any fear or concern your child may express to you.

Never leave your child unattended; never leave your child alone in a car, even for just a minute.

Finley, B.S., Crouthamel, C.S., & Richman, R.A. (Fall, 1981). A Psychosocial Intervention Program for Children with Short Stature and Their Families, Social Work and Health Care, Vol. 7(1).

Pediatric Social Illness: A Challenge to Nurses, (1983). Issues in Comprehensive Pediatric Nursing, 6:261-275.

Psychosocial Dwarfism: Identification, Intervention & Planning, (Spring, 1982). Social Work in Health Care, Vol. 7(3).

Social Work Perspective on Psychosocial Dwarfism, (Spril, 1982). Social Work in Health Care, Vol. 7(3).

Suskind, Robert M. (Eds.), 1981. Nutritional Considerations in the Development and Treatment of Psychosocial Dwarfism, Textbook of Pediatric Nutrition. Raven Press, New York.

The Syndrome of Abuse Dwarfism (Psychosocial Dwarfism or Reversible Hyposomatotropism), May, 1977. American Journal of Disabled Children, Vol. 131.

# FILMS

Films available for loan for juniors and seniors:

"Better Safe than Sorry—III"
(acquaintance rape and incest)

For preschool, kindergarten, and first grade:

"What Tadoo"
(information about personal assertion tools for potential abuse situations).

Contact the Department of Public Safety Crime Prevention Center, Wallace State Office BUilding, Des Moines, IA 503019 (515/281-8395).

No More Secrets. Protect your child from sexual assault. Caren Adams and Jennifer Fay, Impact Publishers, P.O. Box 1094, San Luis Obispo, CA 93406, $3.95.

Private Zone. A book teaching children sexual assault prevention tools, Frances S. Dayee. The Chas. Franklin Press, P.O. Box 524, Lynnwood, WA 98046. $3.00 each plus $1.00 shipping cost for first book and $.10 for each book thereafter.

Red Flag, Green Flag People, Joy Williams. Rape and Abuse Crisis Center, P.O. Box 1655, Fargo, ND 58107.

"Top Secret. Sexual assault information for teenagers only", King County Rape Relief, 305 South 43rd, Kenton, WA 98055, 202/226-5062.

"No Is Not Enough. Helping Teenagers Avoid Sexual Assault." Caren Adams, Jennifer Faye, and Jan Loreen-Martin. Impact Publishers, P.O. Box 1094, San Luis Obispo, CA 93406.

Protect Your Children From Sexual Abuse: A Parent's Guide, Janie Hart-Rossi. This book brings hope and suggests practical family activities that will reduce the likelihood of children being sexually abused. Use in conjuction with It's My Body. Parenting Press, Inc., Suite B, 7750 31st Avenue N.E., Seattle, WA 98115. $5.00 paperback, $9.95 library binding.

It's My Body, Lory Freeman. Teaches young children how to resist uncomfortable touch whether it is tickling, kissing, or more serious abuse. Parenting Press, Inc., Suite B, 7750 31st Avenue N.E., Seattle, WA 98115. $3.00 paperback, $7.95 library binding.

HEALTH COUNSELING

## HEALTH COUNSELING

Health counseling implies a one-to-one communication between a health professional and a student, parent, or staff member. It generally centers around a child with a specific health problem (such as asthma, diabetes, or seizure activity), and includes a review of ways of adjusting student schedules. The distinction is made between health counseling and health education, in which groups of children receive general health information to assist in decision making. Health counseling is provided to students identified through the health appraisal process, a referral by the principal, teacher, parent, self, or other school departments.

Health counseling consists of assisting students in meeting health care needs through more effective management. The goal is for students to develop an awareness of good health behaviors and to use these behaviors in becoming responsible for own health care. The school nurse consults and counsels with health maintenance activities as well as crisis intervention.

Activities

- Provide information needed to prevent health problems. This counseling and/or consultation may be done with individuals or in small groups and will cover topics such as eye and ear protection, dental flossing, etc.

- Provide an interpretation of health data to those students with existing health problems. This interpretation will include recommendations on ways to use the information in preventing further health damage, e.g., spinal curvature-exercise, obesity-diet.

- Provide the immediate assistance and information needed in the management of health problems which can be remediated, e.g., preventing the spread of infectious or contagious diseases.

- Provide the information and support needed in learning to accept limitations for which there is no remediation at the present time; and build constructively toward achieving the fullest positive potential adjustment, e.g., arthritis, amputation, Spina Bifida.

- Provide information about community health and social resources which are available to furnish needed services beyond the scope of the school, e.g., hospital emergency room, public health department, community service clubs, mental health resources, and community substance abuse programs.

- Assist in maximizing learning by meeting health needs of students.

- Involve students in assuming responsibility for health care, health maintenance, and reinforcing appropriate health habits.

- Provide options or assistance for informed choices and referral.

- Involve parents in the promotion of good health practices and behaviors which will facilitate the student's learning.

- Provide current information on health promotion and prevention practices, growth and development stages, healthy snack foods, and personal hygiene needs.

# HEALTH EDUCATION

## HEALTH EDUCATION

The primary role of the school health program is not one of formal health education. School nurses without teaching certificates are not expected to have responsibility for regular health classes. Yet, the school nurse, through informal student contact, as guest speakers on health issues, and as health advocate resource persons have vital input on health education. School nurses should make use of every opportunity while talking with students, administrators, parents, and/or community leaders to teach on-going methods of acquiring better health.

Promote Health Education By:

- Utilizing all screening programs and first aid procedures as learning experiences for the student.
- Assisting the classroom teacher by presenting health concepts in science, biology, home and family living, child development, physical education, and health classes.
- Supplementing the regular classroom curriculum to include dental health, nutrition, drug abuse, smoking, first aid, personal hygiene, and CPR.
- Serving as a resource to health teachers.
- Conducting selected classroom presentations where appropriate.
- Promoting preventive health.
- Displaying health information on bulletin boards.
- Providing safety programs.
- Practicing good health behaviors.
- Acting as a health advocate.

SUGGESTED UPPER LIMITS OF
NORMAL BLOOD PRESSURE IN CHILDREN
BY AGE CATEGORY

< (Less than)

| Age (in years) | Arterial Pressure (mm Hg) Systolic/Diastolic |
|---|---|
| 14-18 | <135/90 |
| 10-14 | <125/85 |
| 6-10 | <120/80 |
| <6 | <110/75 |

Two or three readings on separate occasions above the suggested upper limits should be referred (systolic or diastolic).

Taken from the 1984 Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure, U.S. Department of Health and Human Services, Public Health Service, National Institute of Health, NIH Publication No. 84-1088, September, 1984.

## RECOMMENDATIONS TO IDENTIFY CHILDREN AT HIGH RISK FOR DEVELOPING HYPERTENSION

1. It is recommended by the American Academy of Pediatrics and the National Institute of Health Task Force on Blood Pressure Control in children that routine screening begin at age three.

2. Risk factors for hypertension include obesity at 75 percentile or above according to NCHS Growth Charts, race (more common in Blacks), family history, high dietary intake of saturated fats and sodium), and use of tobacco or oral contraceptives.

3. Prior to initiating blood pressure screening program, inform parents, children and school personnel. (See sample letter).

4. Inform child and parents if blood pressure is elevated, and recommend child have medical follow-up. (See sample form).

5. Send information to parents on controlling elevated blood pressure. The following brochures from the American Heart Association are excellent: "About High Blood Pressure in Children," "High Blood Pressure in Teenagers."

6. Provide and support education regarding hypertension and risk factors.

7. Promote programs on obesity and hypertension in P.T.A. meetings, as well as community organizations.

8. Foster weight reduction programs and support groups in schools.

9. Record family history of elevated blood pressure on child's school health record.

10. Keep accurate accounting of blood pressure readings and dates on child's health record.

SAMPLE

SCHOOL BLOOD PRESSURE SCREENING PROGRAM

Dear _____ _____, 19__
(Date Screened)

_____ was given a classroom blood pressure evaluation. On the basis of this screening, there is a possibility that your child could benefit from a further examination. Early attention will frequently prevent serious problems later.

Please have your physician fill out the form below and send it to: _____.

Sincerely,

_____
School Nurse

RESULTS OF CLASSROOM BLOOD PRESSURE SCREENING

Initial Blood Pressure: _____ approx. 1 week later _____
10 min. later __ _____

approx. 2 weeks later _____
10 min. later _____

Other symptoms which may be important: _____
_____
_____
_____

DOCTOR: PLEASE RETURN TO THE NURSE'S OFFICE

RESULT OF PROFESSIONAL EXAMINATION

Name of Pupil: _____ School: _____

Name of Parent: _____ Address: _____

Diagnosis of Condition: _____

Recommended Treatment: _____

Suggestion for Referral Care: _____

Suggestion for School Monitoring: _____

Use other side for any additional comments.

Date Examined: _____ Examiner Address: _____

SAMPLE LETTER FOR HOME-SCHOOL COMMUNICATION

Dear Parents:

A Classroom Blood Pressure Screening Program is taking place in your child's school.

Hypertension (high blood pressure) is a common cardiovascular disorder which may effect the heart and blood vessels in the entire body. Approximately 50 million Americans have high blood pressure. During the early stages the disease is usually without symptoms. For this reason, blood pressure tests must be performed in order to determine if the disease is present. Hypertension is associated with such serious consequences as the increased risk of heart attacks and strokes. Thus, early detection through hypertension screening programs and prompt treatment of those found with elevated blood pressure are important aspects of preventative treatment.

The American Academy of Pediatrics and the National Institute of Health Task Force on Blood Pressure Control in Children recommends routine screening beginning at age three.

The objective of all screening programs is TO DETECT AND REFER FOR DIAGNOSIS PERSONS WITH ELEVATED BLOOD PRESSURE in an effort TO INCREASE THE NUMBER OF PERSONS WITH CONTROLLED HIGH BLOOD PRESSURE. The detection of an elevated blood pressure in a screening situation does not constitute a medical diagnosis of high blood pressure but rather an indication for further evaluation. A blood pressure reading within the normal range is an indication that an annual rescreening is recommended.

Sincerely,

School Nurse

RESOURCES

Child Nutrition Programs (School Lunch Programs)
Department of Public Instruction
Grimes State Office Building
Des Moines, IA 50319-0146
Christine Anders: 515/281-4756
Karen Howard: 515/281-4758

Child Nutrition
Nutrition Section
Department of Health
Lucas State Office Building
Des Moines, IA 50319
515/281-4919

"Nutrition Education Materials, 1977,"
Dairy County of Central States
6901 Dodge Street, Room 104,
Omaha, NE 68132
(Free)

"Nutrition Materials"
Nutrition Section
Iowa Department of Health for School Nurses and Teachers
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319
(Free)

"Weight Control Packets"
Publication Distribution Center
112 Printing and Publishing Building
Iowa State University
Ames, IA 50011
(Free)

"Food Fitness" (has articles regarding diet, exercise, food fads, and food buying).
Blue Cross Association
Editorial Office
840 North Lakeshore Drive
Chicago, IL 60611
(Free)

# •Information Alert

United States Department of Agriculture

Food and Nutrition Information Center
NAL Building
Beltsville, Md. 20705

Contact: CAROL NELSON

Date: APRIL 1986

## ANNOUNCEMENT

The National Agricultural Library's Food and Nutrition Information Center is pleased to announce the availability of pathfinders on specific food and nutrition topics. A pathfinder is a bibliography designed to give guidance during the initial stages of a search for information or resources on a particular topic. Resources include print and audiovisual materials as well as contacts for assistance.

Most pathfinder topics contain separate lists of appropriate resources for three user levels: consumer, educator, and professional. The following describes the intended user for each level:

Consumer - individual with no training in nutrition.
Educator - individual with moderate to extensive background in nutrition or related health field who imparts nutrition information to others.
Professional - individual with extensive background in nutrition or related health field who is seeking original research information and/or in-depth review of the topic.

Topics include:

Sports Nutrition
Diet and Hypertension
Nutrition During Adolescence
Fad Weight Loss Diets
Nutrition, Fitness and Well-Being
Nutrition and Dental Health
Nutrition and the Handicapped
*Nutrition and the Elderly
Nutrition for Pregnancy
Weight Control
Vegetarianism
Diet and Cancer
Nutrition and Diabetes
Food Composition
Nutrition, Learning and Behavior
Anorexia Nervosa and Bulimia
Nutrition and Alcohol
Nutrition Misinformation
Nutrition for Infants and Toddlers

*Developed under contract by the Maxima Corporation.

The development of pathfinders is a joint project of USDA's Food and Nutrition Information Center and The Pennsylvania State University's Nutrition Information and Resource Center.

Please contact the Food and Nutrition Information Center, National Agricultural Library, Room 304, Beltsville, MD 20705, (301) 344-3719 for copies. PLEASE SPECIFY TOPIC AND USER LEVEL.

United States Department of Agriculture | National Agricultural Library | Food and Nutrition Information Center | National Agricultural Library Building Beltsville, Maryland 20705

(301) 344-3719

January 23, 1984

Dear Patron:

If you are eligible for borrowing privileges from the Food and Nutrition Information Center (FNIC), you may request materials by phone or by letter. Please follow the guidelines below for both types of requests. Be sure to give your name, as we cannot send materials without the name of the patron who will be responsible for them.

I. AUDIOVISUALS (AVs):

1. For loan purposes, AVs include: films, film strips, slides, kits, games, audio cassettes, videotape recordings, transparencies, Show'n Tell filmstrip/record sets, posters, and film loops (a film loop is a Super 8 mm film in a cartridge; it requires a Fairchild, Audiscan or Technicolor projector that will accept this cartridge).

2. Give the complete title and format (i.e. type of material). If you have our catalog number (it can be up to 4 digits followed by a hyphen and the year-- for example, 1453-77) please include it with your request.

3. Please indicate on which date you wish to use the material; it will be mailed to you one week before that date.

4. Order at least 3-4 weeks ahead of time and limit your request to no more than 3 AVs at one time. You may give alternate title selections if you need materials for a particular date, or you may give alternate dates if you need certain materials and can use them at different times.

5. To avoid the possibility of an item being overlooked, it is a good idea to list items desired in chronological order (up to three per date). This can be done on one sheet of paper along with your name and address.

6. Confirmation of scheduling is not routinely done. If you need to be sure an item will be sent, call FNIC about 8-9 days before the date for which you requested the item.

7. The loan period for AVs is 3 weeks; this allows one week in the mail to you, one week for use, and one week for return mail.

8. Please be sure to use the return address label that comes with the item. Some materials (films, filmstrips and slides) are kept at the University of Maryland's library; other materials (games, posters, videorecordings, etc.) are housed at FNIC. If the items are sent to you in mailing boxes, please return them in their original boxes.

9. AVs cannot be loaned outside of the USA.

98 (over)

II. BOOKS:

1. Please give the title and author of the book. If you have the catalog number (see above) or the FNIC call number (B, C, or E followed by a hyphen and 4 numbers-- for example, E-2366) please include them with your request.

2. The loan period for books is 4 weeks. A date due card will be in the back of each book and a return label will be enclosed. All books are to be returned directly to FNIC.

3. Books cannot be loaned outside of the USA.

III. JOURNAL ARTICLES:

1. Give the name of the journal, volume number, issue number (if known), date, page numbers and the article title (it may be abbreviated if it is long). If you do not know the page numbers, give the complete article title and author(s).

2. No more than 6 journal articles can be sent at one time.

3. A pink copyright form will be sent with each photocopy request; please read it, sign it and return it to us.

4. Photocopies do not need to be returned.

5. Eligible patrons with foreign addresses can receive photocopy service.

If any materials need to be renewed, or if materials are not received when requested, please call FNIC and ask for the lending department.

Sincerely,

Robyn C. Frank

ROBYN C. FRANK
Director,
Food and Nutrition Information Center

# Pathfinder

## From The Food and Nutrition Information Center

United States Department of Agriculture
National Agricultural Library
MARCH 1986

Teaching

### FAD WEIGHT LOSS DIETS

BOOKS AND BOOKLETS, including teaching manuals (in order of date)

Popular Diets - How They Rate. Rita Storey, et al. Santa Monica, CA: Los Angeles District Dietetic Association, 1982. 56 p. (Available from Los Angeles District California Dietetic Association, P.O. Box 3506, Santa Monica, CA 90403).

Learning activity: "The How Not to Diet Diet," Lession #JH-7, Nutrition In a Changing World - A Curriculum for Junior High Health (curriculum guide). James Rye, Karin Rosander, and Ida Marie Laquatra. University Park, PA: The Pennsylvania State University, 1981. 97-110 p. (Available from The Nutrition Foundation, Office of Education, 888 Seventeenth St., NW, Washington, DC 20006).

Learning activity: "Promise Me Anything...But Make Me Lose Weight," Activity No. 12, Food...Your Choice, Level 4, Home Economics (curriculum guide). Rosemont, IL: National Dairy Council, 1980.

Learning activity: "Fad Dieting? A Portfolio of Resource Materials, Martha C. Manes. Ithaca, NY: Cornell University, 1974. 33 p. (Available from Publications Center, Building 7, Research Park, Cornell University, Ithaca, NY 14853).

JOURNAL ARTICLES (in order of date)

"How to Take Weight Off (And Keep It Off) Without Getting Ripped Off," FDA Consumer, (Reprinted HHS Publication No (FDA) 85-1116). 1985. Department of Health and Human Services, Public Health Service, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857.

"Fad Diets and Weight Reduction," Fergus M. Clydesdale. Nutrition and the M.D., 10(1):1-3, January 1984.

"Nutrition and fitness course for junior high students," GEM No. 4, Lillian Emmons. Journal of Nutrition Education, 15(1):23, March 1983.

"Diet Critiques." Changing Times, 37:10, February 1983.

"Rating the diets," D. Mark Hegsted. Health, 15(1):21-22, 24-32, January 1983.

"Rating the diets, diet books, products and programs." Environmental Nutrition, 6(1,supplement):1-3, January 1983.

This pathfinder was developed for the Food and Nutrition Information Center by the Nutrition Information and Resource Center of the Pennsylvania State University under Cooperative Agreement Number 58-3198-2-84.

The opinions expressed in the publications listed in this pathfinder do not necessarily reflect the opinions of the U.S. Department of Agriculture.



The National Agricultural Library is located at Beltsville, Maryland 20705

GPO 807-725

"Starch blockers - their effect of calorie absorption from a high-starch meal," Georg W. Bo-Linn, et al. New England Journal of Medicine, 307(23):1412-1416, December 1982.

"Starch blockers," Linda Gordon. Glamour, 80(10):152, 154, October 1982.

"Danger ahead? Fad diets for weight control," Ruth A. Clark and George L. Blackburn. Professional Nutritionist, 14(2): 1-4, Summer 1982.

"The PPA pills - side effects haunt pills' users." Nutrition Action, 8(12): 4-5, December 1981.

"Fad diets...," Myrna M. Wesley and Sue Gibson Ruddy. Forecast for Home Economics, 27(3): 33-39, November 1981.

"ADA releases position on Cambridge Diet; 330-calorie-a-day plan - extreme." ADA Courier 21(6): 3, November-December 1982. (Available from American Dietetic Association, 430 North Michigan Avenue, Chicago, IL 60611; phone: (312) 280-5000

"Cellulite: Hard to budge pudge," Louise Fenner. FDA Consumer, 14(4): 5-9, May 1980.

"Fructose: Questionable diet aid," Chris Lecos. FDA Consumer, 14(2): 21-23, March 1980.

"Food and water restriction in the wrestler," Laurence M. Hursh. Journal of the American Medical Association, 241(9): 915-916, March 2, 1979.

AUDIOVISUALS (in order of date)

Dangerous Dieting: The Wrong Way to Lose Weight, (Filmstrip). Human Relations Media. Pleasantville, NY. 74/76/73 frames, color, 15 min. each. 3 audiocassette tapes, Teacher's Guide. 1983.

Reducing Diets, Part V, Food Sense, (videocassette). Penn State University Audiovisua Services, Special Services Building, University Park, PA, 3/4 inch, 10 min., colo 1976.

CONTACTS FOR ASSISTANCE

Local Contacts (Listed in Telephone Directory)

| | Ask for the: |
|---|---|
| City, county or state health department | Public Health Nutritionist |
| County or state extension service | Home Economist |
| Local dietetic association or Dial-A-Dietitian | In telephone directory |
| Local hospital | Registered Dietitian |
| Nutrition/dietetics department of state college or university | Nutrition Instructor |

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# Pathfinder

## From The Food and Nutrition Information Center

United States Department of Agriculture
National Agricultural Library
APRIL 1986

Teaching

### ANOREXIA NERVOSA AND BULIMIA

BOOKS AND BOOKLETS, including teaching manuals (in order of date)

The Anorexic Experience. Marilyn Lawrence. Women's Press Handbook Series, 3. London: The Women's Press Ltd., 1984. 142p.

Not Just a Skinny Kid, The Anorexic or Bulimic Teenager. Alan E. Bayer and Daniel H. Baker. Boys Town, Nebraska: Father Flanegan's Boys' Home, 1984. 8 p.

"Anorexia Nervosa and Bulimia: A Comparative Review," Amy Baker Enright and Randy Sansone. Westerville, OH: National Anorectic Aid Society, 1984. 3 p. (Available from the National Anorectic Aid Society, 550 S. Cleveland Ave., Suite F, Westerville, OH 43081.)

The Slender Balance: Causes and Cures for Bulimia, Anorexia, and the Weight-Loss/Weight-Gain Seesaw. Susan Squire. New York: Pinnacle Books, 1984. 288 p.

When Food is a Four-Letter Word: Programs for Recovery from Anorexia, Bulimia, Bulimarexia, Obesity, and other Appetite Disorders. Paul Haskew and Cynthia H. Adams. Englewood Cliffs, NJ: Prentice Hall, 1984. 144 p.

Anorexia Nervosa and Bulimia; A Handbook for Counselors and Therapists. Patricia A. Neuman and Patricia A. Halvorson. New York: Van Norstrand Reinhold Co., 1983. 253 p.

Anorexia Nervosa and Bulimia. National Library of Medicine Literature Search, No. 83-15. Bethesda, MD: National Library of Medicine, 1983. 20 p. (Available from the Literature Search Program, Reference Section, National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20209).

Bulimarexia; The Binge/Purge Cycle. Marlene Boskind-White and William C. White, Jr. New York: W.W. Norton & Company, 1983. 219 p.

Bulimia: The Binge-Purge Compulsion. J.M. Cauwels. Garden City, NY: Doubleday and Co., 1983. 249 p.

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The opinions expressed in the publications listed in the pathfinder do not necessarily reflect the opinions of the U.S. Department of Agriculture.

Teaching About Eating Disorders: Anorexia Nervosa and Bulimia. Center for the Study of Anorexia and Bulimia. New York: Institute for Contemporary Psychotherapy, 1983. 37p. (Available from the Center for the Study of Anorexia and Bulimia, 1 West 91st St., New York, NY 10024.

Why Are They Starving Themselves? Understanding Anorexia Nervosa and Bulimia. E. Landau. New York: Julian Messner, 1983. 110 p.

Learning Activity: "The How Not to Diet Diet," Lesson #JH-7, Nutrition In a Changing World - A Curriculum for Junior High Health (curriculum guide). James Rye, Karin Rosander, and Ida Marie Laquatra. University Park, PA: The Pennsylvania State University, 1981. 97-110 p. (Available from the Nutrition Foundation, Office of Education, 888 Seventeenth St., NW, Washington, DC 20006.)

Anorexia Nervosa: A Guide for Sufferers and their Families. R.L. Palmer. New York: Penguin Books, 1980. 156 p.

Fat is a Feminist Issue: The Anti-Diet Guide to Permanent Weight Loss. Susie Orbach. New York: Berkley Books, 1979. 203 p.

The Best Little Girl in the World. Steven Levenkron. New York: Warner Books, Inc., 1978. 252 p.

The Golden Cage: The Enigma of Anorexia Nervosa. Hilde Bruch. New York: Vintage Books, 1978. 159 p.

Psychosomatic Families: Anorexia Nervosa in Context. S. Minuchin, B.L. Rosman, and L. Baker. Cambridge, MA: Harvard University Press, 1978. 351 p.

JOURNAL/MAGAZINE ARTICLES, including chapters from books (in order of date)

Nutrition & The M.D., 11(10), October 1985. entire issue.

"Etiological Factors in the Development of Bulimia," Susan Love and Craig L. Johnson. Nutrition News, 48(2):5-8, April 1985.

"Eating Disorders," Dairy Council Digest, 56(1):1-6, Jan-Feb. 1985.

"Bulimia: A Modern Epidemic Among Adolescents," Robert L. DuPont. Pediatric Annals, 13(12): 908-909, 912, 914, December 1984.

"Eating Out Of Control: Anorexia and Bulimia in Adolescents," Alan E. Bayer. Children Today, 13(6):7-11. November-December 1984.

"Anorexia Nervosa: What Kind of Disorder?; The "Consensus" Model, Myths, and Clinical Implications," Gordon Harper. Pediatric Annals, 13(11): 812-828, November 1984.

"Dietary Treatment of Anorexia Nervosa," Journal of the American Dietetic Association, 83(6): 687-690, December 1983.

"Starving for Competition," Shirley Huber. Sports Nutrition News, 2(3) 1-4, October 1983.

"Bulimia: The Secretive Syndrome," D.B. Herzog. Psychosomatics, 23(5): 481-487, May 1982.

"Bulimia: The Secret Dieter's Disease," Good Housekeeping, 194(4): 239, April 1982.

"Anorexia Nervosa: An Eating Disorder," Current Health 2, 8(1): 17-19, September 1981.

"Developmental Considerations of Anorexia Nervosa and Obesity," Hilde Bruch. Canadian Journal of Psychiatry, 26(4): 212-216, June 1981.

"The Self-image of Adolescents with Acute Anorexia Nervosa," Regina C. Casper, Daniel Offer, and Eric Ostrov. Journal of Pediatrics, 98(4): 656-661, April 1981.

"Excessive Weight Loss and Food Aversion in Athletes Simulating Anorexia Nervosa," Nathan J. Smith. Pediatrics, 66(1): 139-142, July 1980.

**AUDIOVISUALS** (in order of date)

Anorexia Nervosa (filmstrip). Multi-Media Productions, Inc., Stanford, CA, 52 frames, color, audiocassette, teacher's guide. 1983.

Dangerous Dieting: The Wrong Way to Lose Weight (3 filmstrips). Human Relations Media, Pleasantville, NY, 74/76/73 frames, 15 min. each, color 3 audiocassettes, teacher's guide, 1983.

Diet Unto Death: Anorexia Nervosa (film; video cassette). ABC Wide World of Learning, Inc., New York, 16 mm; 1/2 inch or 3/4 inch, 13 min., color, 1980.

Dieting, the Danger Point (motion picture) New York: McGraw-Hill Films, 1 reel, 20 min., sd. col. 16 mm. 1979.

**CONTACTS FOR ASSISTANCE**

Local Contacts (Listed in Telephone Directory)

| | Ask for the: |
|---|---|
| City, county or state health department | Public Health Nutritionist or Mental Health Counselor |
| County or state extension service | Home Economist |
| Local hospital | Registered Dietitian |
| Nutrition/dietetics department of state college or university | Nutrition Instructor |
| Psychology/counseling department of state college or university | Psychology Instructor |

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*******COMPARISON OF BULIMIA AND ANOREXIA*******

| ANOREXIA | BULIMIA |
|---|---|
| 1. Refusal to maintain recommended minimal weight. | 1. Normal or near-normal weight. +May be overweight. |
| 2. Afflicts younger age group. | 2. Afflicts older age group. |
| 3. Loss of menstrual period. | 3. Menstrual period may or may not be lost. Irregularities common. |
| 4. Distorted body image common. | 4. Usually don't have a distorted body image. |
| 5. The existence of a food-related problem is generally denied. | 5. Eating is recognized as being abnormal. |
| 6. More self control. | 6. More impulsivity. +Alcohol and drug abuse common. |
| 7. Anemia and vitamin deficiencies. | 7. Anemia and vitamin deficiencies uncommon but not as rare. |
| 8. Vomiting less pervasive. | 8. Greater incidence of vomiting and other purging behavior. |
| 9. Eating rituals. | 9. Generally appear to eat in a normal manner when not bingeing and when eating in public. |
| 10. 4-25% mortality rate. | 10. Mortality rate undetermined. |

**********RED FLAGS FOR BULIMIA**********

1. Excessive concern about weight.
2. Strict dieting followed by eating binges.
3. Frequent overeating, especially when distressed.
4. Bingeing on high calorie, sweet foods (occasionally find some who binge on salads or other foods).
5. Expressing guilt or shame about eating.
6. Being secretive about binges and vomiting.
7. Planning binges or opportunities to binge.
8. Feeling out of control.
9. Disappearing after a meal.
10. Depressive moods.



Neuman, Patricia A., Patricia A. Halvorson, Anorexia Nervosa and Bulimia, A Handbook for Counselors and Therapists, New York, NY. Van Nostrand Reinhold Company, Inc. 1983

RESOURCES FOR ANOREXIA AND BULIMIA

Dr. Gene Ann Rubel
ANRED (Anorexia Nervosa and
Related Eating Disorders)
P. O. Box 5102
Eugene, OR 97405

..ational Anorexic Aide Society
P. O. Box 29461
Columbus, OH 43229
614/891-0225

H.E.L.P. Anorexia, Inc.
Steven M. Simon
5143 Overland Avenue
Culver City, CA 90230

Dr. Raymond Vath
Seattle Psychiatric Group
1910 Cabrini Medical Tower
901 Boren Avenue
Seattle, WA 93433

Rev. George C. Manta
337 Lyons Road
Basking Ridge, NJ 07920

Cherry Boone O'Neill
c/o Save The Refugees
115 North 85th, #200
Seattle, WA 98103

Dr. Joni Kellogg
11431 Stanford
Garden Grove, CA 92640

Richard L. Pyle, M.D., Director
Behavioral Health Clinic
University of Minnesota
Box 301
Mayo Memorial Building
420 Delaware Street, S.E.
Minneapolis, MN 55455

National Association of Anorexia
Nervosa and Associated Disorders,
Inc.
Box 271
Highland Park, IL 60035
319/832-3438
(Individuals requesitng
information should send a
self-addressed, stamped envelope
with $.37 postage)

American Anorexia Nervosa
Association, Inc.
133 Cedar Lane
Teaneck, NJ 07666
201/836-1800 (10 a.m. to 2:00 p.m.
EST)

Overeaters Anonymous: These
organizations' meeting times and
places are usually listed in the
newspaper.

Hot Line Information on Bulimia:
1-800/850-0318

SUICIDE

I. Rationale

The increase in suicide among school age youth has provoked a dramatic nationwide response. Some of the recognized factors contributing to the high rate of suicide include family disruption, high mobility, interpersonal relationships, weakening of social control, high academic and career expectations combined with limited opportunities, and increased exposure to violence through media.

II. Possible Suicidal Behaviors

A. Sleeping and eating disorders

B. Fatigue and withdrawal

C. Decreased school performance

D. Boredom, restlessness, loss of concentration

E. Anger, despair, loneliness, helplessness

F. Alcohol or drug abuse

G. Skipping school and running away

H. Violent, disobedient or over-emotional

I. Physical self abuse

J. Putting one's house in order which might include giving away a prized possession

III. Other Warning Signs Include:

A. Verbal signs

1. "I won't be around much longer."
2. "Nobody cares about me."
3. "I want to die."
4. "You'd be better off without me."
5. "I can't stand it any longer."
6. 80% of all suicidal deaths are preceded by verbal threats of self destruction.

B. Preoccupation with death

1. Writing in notes, themes, journals about death and/or suicide.
2. The more precise the death plan, the more lethal the intent.
3. Fascination with death-oriented literature.

C. Situational signs

1. Recent loss of parent, close friend.
2. Alienation from family.
3. Breakup of a romantic relationship.
4. Drug overdose or drunken episodes.
5. Many suicides occur at times when the crisis seems nearly resolved.

D. Physical signs

1. Difficulty getting to sleep.
2. Recurrent reawakenings.
3. Persistent headaches - recurring.
4. Appetite decreases, lack of pleasure from favorite foods, weight loss without dieting.

FIRST AID

FOR EPILEPTIC SEIZURES

A major epileptic seizure is often dramatic and frightening but usually lasts only a few minutes. It does not require expert care. These simple procedures should be followed:

1. KEEP CALM. You cannot stop a seizure once it has started. Let the seizure run its course. Do not try to revive the person.

2. Ease the person to the floor and loosen his clothing.

3. Try to prevent him from striking his head or body against any hard, sharp or hot objects but do not interfere otherwise with his movements.

4. Turn his face to the side so that saliva can flow out of his mouth.

5. DO NOT INSERT ANYTHING BETWEEN THE PERSON'S TEETH.

6. Do not be frightened if the person having the seizure seems to stop breathing momentarily.

7. After the movements stop and the person is relaxed, he should be allowed to sleep or rest if he wishes.

8. It is not generally necessary to call a doctor unless the attack is followed almost immediately by another seizure, or if the seizure lasts more than about ten minutes.

9. If the person is a child, the parents or guardians should be notified that a seizure has occurred.

10. After a seizure, many people can carry on as before. If after resting a while the person seems groggy, confused or weak, it may be better to accompany him home.

## FILMS ON EPILEPSY

Images of Epilepsy — approx. 22 minutes — (Red case)

Shows three most common types of childhood epilepsy -- petit mal, psychomotor, grand mal; also deals with attitudes which need to change

Pass the Word

Talks about the employment potential of persons with epilepsy; Epihab of California is discussed

For Those Who Help

Depicts the effective way of to deal with person who experiences a seizure in public. Suggested for those who are most likely to encounter persons having epileptic seizures -- police, social workers, firemen, etc.

For Those Who Teach

Suggested for teachers and school personnel

I'm the Same As Everyone Else — approx, 40 minutes

Experiences of adults with epilepsy

Above films available from the:

Governor's Committee on
Employment of the Handicapped
Grimes State Office Building
Des Moines, Iowa 50319
515-281-5969

Information available:

Epilepsy Foundation of America
4351 Garden City Drive
Landover, MD 20785

RESOURCES

Alcoholics Anonymous (AA)
P.O. Box 459
Grand Central Station
New Nork, NY 10163
212/686-1100

Al-Anon Family Group Headquarters
1372 Broadway
New York, NY 10018
212/683-1771

Children of Alcoholics Foundation
340 Madison Avenue
23rd Floor
New York, NY 10022
212/980-5394

National Association for Children of Alcoholics (NACoA)
31706 Coast Highway
Suite 201
South Laguna, CA 92677
714/499-3889

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
301/468-2600

National Council on Alcoholism, Inc.
12 West 21st Street
New York, NY 10010
212/206-6770

POISONOUS PLANTS

Did You Know That 700 Species of Plants Can Kill or Cause Illness?

As the plant world begins to awaken in the Spring, somewhere it will mean the death of a child. Each year some 12,000 children ingest some of the more than 700 species of plants that can kill you or make you ill.

— The twigs of cherry trees release cyanide when chewed. Peach leaves contain gydrocyanic acid, one of the five most dangerous poisons known. Both have killed children.

— The leaves and vines of potatoes and tomatoes can cause severe nervous disorders. The leaf blade of rhubarb, if eaten, brings convulsions, coma, and rapid death.

— Any part of laurels, rhododendron, or azaleas is deadly. The bulbs of hyacinth, narcissus, and daffodil can kill.

— The leaves and flowers of lily-of-the-valley, the bulbs of autumn crocus and Star-of-Bethlehem, the stems of irises can bring severe illness. Dumb cane and elephant ear can cause severe irritation of the mouth and can kill if the tongue swells enough to block the air passage.

— Many children are poisoned by wisteria seeds and pods. Acorns and oak leaves poison the kidneys.

— Any part of buttercups can seriously injure the digestive system. Jimsom weed which grows almost anywhere has killed many.

— Many berries are fatal, including those of mistletoe, jessamine, red sage, and yew.

There are many other dangerous plants. You can get more information at the library. The best advice is to make sure that children know not to eat or chew anything they find growing unless somebody who knows is there to approve.

SPECIAL EDUCATION

## SCHOOL NURSE PARTICIPATION IN SPECIAL EDUCATION STAFFINGS

The Rules of Special Education, 12.17(1) include health history as one of the components of a comprehensive educational evaluation prerequisite to placement of pupils in special education programs. Where school nurses are employed, it is considered essential they do this health history.

The school nurse will exercise professional judgment regarding the need for expanded health evaluations or reports related to potential or identified health problems.

Whenever the predominate problem is health related, or a physical health problem exists, the school nurse should be present at the staffing the the Individualized Education Program (IEP) planning to present information and interpret the implications for the educational program of the child.

If no health problem exists, the nurse may provide a written report to the staffing committee.

If the nurse is not present at the initial starting and IEP meeting, administrative procedure should be in place which will provide for communication to the nurse regarding the discussion and follow-up recommended.

### Annual Review

The school nurse is expected to review the child's health status at least annually. Based on the results of the nurse's review of the child's health status:

1. If no change has occurred, the nurse may determine that the report may be given in writing to the review team.

2. If change has occurred, the school nurse shall exercise professional judgment regarding the change and indicate reasons for nursing input at the review meeting.

3. If nursing service is required by the child, the specific service shall be a component of the IEP and the nurse shall be present at the annual review.

4. If the nurse does not attend the review meeting, administrative procedures need to be in place which will communicate to the school nurse the outcome of the review and the follow-up recommended.

Three Year Re-evaluation

Since this is a re-evaluation, it is essential that a written update of the child's health be a component of this evaluation.

If there is no health problem or health related component in the IEP, the nurse will exercise professional judgment in relation to attending the re-evaluation meeting.

If the nurse does not attend the re-evaluation meeting, administrative procedures will provide for communication of the results to the school nurse.

Spring 1986
Volume 2 Issue 4

# COMMUNITY NURSE FORUM

Current Issues Affecting School Nurses

## Helping the disabled feel at home—in school

*The handicapped student —and the school nurse's role*

*Chronic diseases—New manual available*

## The Handicapped Student—And the School Nurse's Role

It's been over a decade since the passage of Public Law 94-142—the Education for All Handicapped Children Act of 1975. This law guaranteed "a free appropriate public education" for all handicapped children, emphasizing "special education and related services designed to meet their unique needs."

The related services provision of P.L. 94-142 includes the entitlement of handicapped children to receive school health services provided by qualified school nurses. P.L. 94-142's forerunner, the Rehabilitation Act of 1973, mandated civil rights entitlement for disabled people—including access to public places, such as schools.

Since these two laws were passed, the emphasis has been on placing disabled children in "mainstream" classrooms whenever possible—or else in special classrooms within mainstream schools, or in special public schools. During this period, school nurses have probably been more influential than any other single group in ensuring a successful educational experience for disabled students.

"We couldn't do without the school nurses in our program," says Debby Swerdlow, MSEd, administrator for Orange County's special schools in Costa Mesa, California. "It would be almost impossible to serve the disabled student population without the school nurses' services."

### Range of roles

School nurses play a large number of crucial roles, as varied as the students' handicaps themselves—which include developmental disabilities, mental retardation, hearing problems, deafness, speech impairment, language problems, visual problems, blindness, serious emotional disturbances, orthopedic impairment and other chronic health problems, as well as specific learning disabilities.

One major role is to act as an advocate for the disabled students, helping to maximize their opportunities and eventual independence. Another is to provide the primary resource for advising students, parents and school personnel about handicapped

pupils' health status and needs. School nurses also plan and participate in relevant school health programs and monitor the school environment for health hazards.

## Challenges, rewards

Although caring for the handicapped can pose tremendous challenges, it also offers equally large personal rewards, according to Ann N. Smith, RN, MS, program director of the School Nurse Achievement Program in Denver. "Maybe I'm impatient," she says, "but I feel school nurses should be even more aggressive and assertive in addressing the health needs of disabled children."

She adds: "School nurses must continue to demonstrate that they're actually *invaluable* to handicapped students—not just that they're willing and able to care for these kids." If school nurses ever slacken their leadership on this issue, she warns, the power vacuum will immediately be filled—by hospitals and other health workers, for example.

It's important to recognize that, by welcoming the handicapped into the public schools, nurses help to secure their own position in the school system, Ms. Smith stresses. However, when funding of jobs is inadequate, as it so often is, school nurses can feel torn by their ever-growing responsibilities to handicapped and nonhandicapped pupils.

The major solution to this problem is to keep fighting for funding for all school health services, she says. Professional organizations such as the National Association of School Nurses are providing leadership in this area by establishing minimal standards for ratios of school nurses to students—for example, at least one school nurse for every 200 handicapped, and at least one per 1,500 nonhandicapped, pupils.

## Getting to know you

"The most important thing is to get to know the children on a one-to-one basis," says Claire Greenhouse, RN, a school nurse at Perry Hall Middle School in Baltimore County, Maryland, and the director of the National Association for School Nurses' Maryland affiliate.

By becoming familiar with each student, you can really understand their particular disabilities—and learn what's normal for them. This is necessary for drawing up their individualized nursing care plans. Each child should be seen as a whole, with cognitive, physical and psychosocial aspects all considered together. Even with a ratio of one school nurse to 200 handicapped children, she says, this goal is feasible. But lower ratios make it tough.

## Teamwork

Another means of coping with the increased demands of the disabled, Ms. Smith suggests, is for school nurses to redefine their jobs—and to delegate more hands-on tasks to well-trained health aides. School nurses can supervise while health aides perform a variety of tasks. Examples include catheterization, stomal care, nasogastric tube feedings, use of a respirator, endotrachial suctioning for tracheostomies and administration of medications. Of course, these health procedures are not appropriate tasks for teachers.

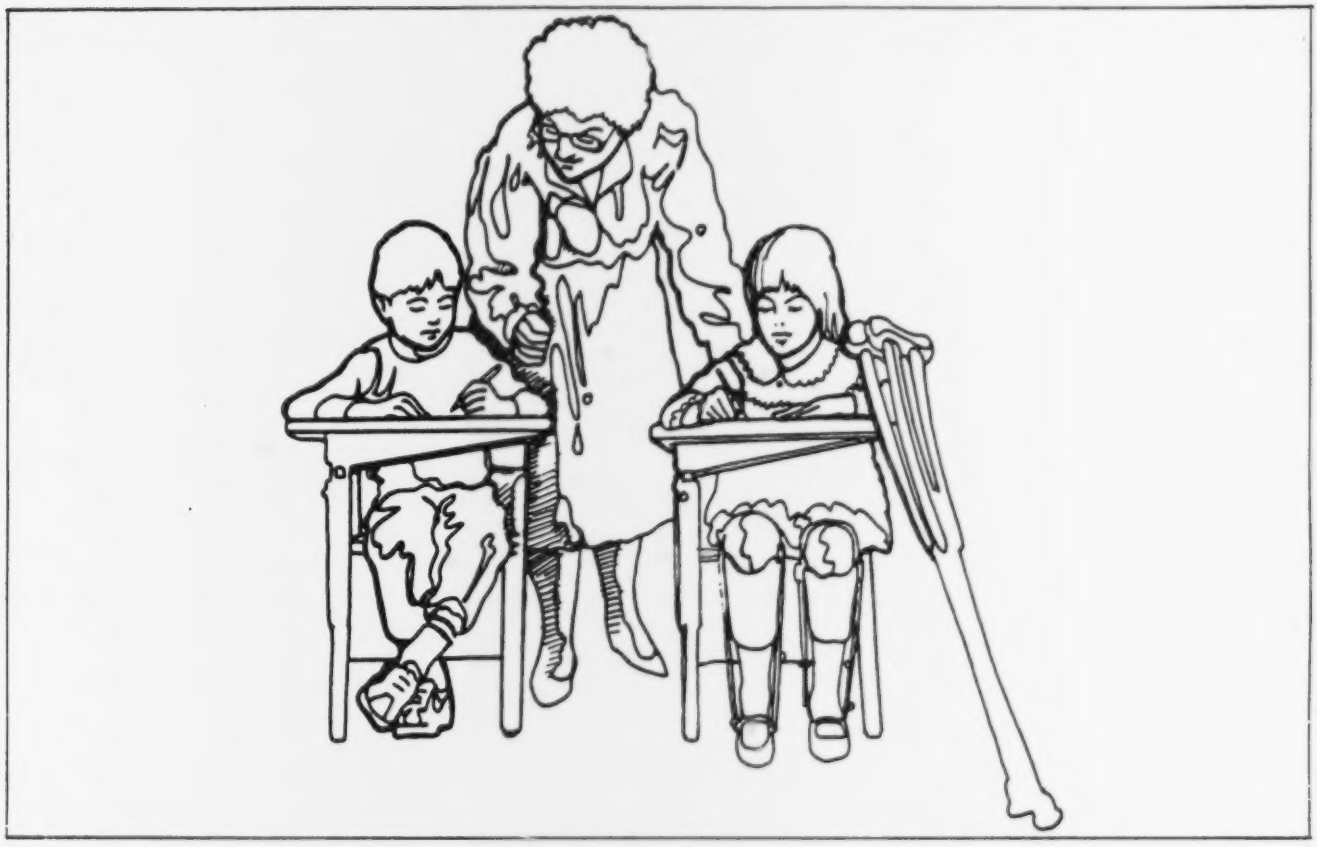
"Turf" problems can be avoided by stressing good management and clearly defining job responsibilities and lines of authority. "There's plenty of work for everybody on the team," says Lynne Gustafson, RN, supervisor of school health services for the Manchester Board of Education in Manchester, Connecticut, and the National Association of School Nurses' legislative chairperson.

With the team approach, school nurses collaborate with children, parents, teachers and other members of the school health system—such as social workers and speech, occupational and physical therapists—to provide for the needs of the disabled students. "Since P.L. 94-142, the occupational and physical therapists have been an extremely useful resource in strengthening the team," she says. They can help the youngsters with adaptive equipment, appropriate motor planning and other specialized areas that the school nurse may not be specifically trained for.

"In the team, what's important is that the job gets done—not so much who does the job," says Ms. Gustafson. For example, the team member who has the best relationship with the handicapped child's family is usually the one chosen to discuss issues with the parents. Turf jealousies are not a valid reason for every single team member to bother the parents. "Parents can feel torn by dealing with too many different professionals, each telling them to do something different," she adds.

Often, she says, students and parents feel more comfortable consulting with the school nurse rather than the social worker, even over emotional issues. "They may feel that school nurses, with their medical role, deal with concrete problems, whereas the social worker's bailiwick is more nebulous and threatening," she says. "But the psychosocial issues don't go away, and nurses often end up having to deal with them."

Just like students without handicaps, those with them may use psychosomatic illnesses—such as stomachaches and headaches



—as an indirect way of seeking out emotional attention from the school nurse.

### Assessment

In their initial evaluations of handicapped students, school nurses perform a careful health assessment and physical exam, also taking a comprehensive health and developmental history. "The school nurses' observational skills are perhaps the most valuable tools we have," says Ms. Gustafson. "It's also crucial to get an in-depth developmental history on the youngsters. Sometimes, we miss important things because we don't get a good enough history."

She recounts an example in which observation and history made a real difference: A child had good cognitive ability and social skills, but his speech was unintelligible. Careful observation revealed that he seldom smiled, and his mother provided a history of his avoidance of foods that need to be chewed. The child was then referred for evaluation of facial paralysis. "He could have gone to speech and language therapy for years, without getting anywhere," she says, "because his physical capability simply wasn't there."

Thanks to the Child Find Program, more and more disabilities are being identified early—even before preschool screening. In many areas, school nurses participate in the Child Find Program, doing developmental screening to evaluate the children's social, cognitive, communication (expressive and receptive language) and gross and fine motor skills.

### Adolescent stress

Surprisingly, youngsters with handicaps aren't a particularly disturbed group, according to Philip Graham, MD, a child psychiatrist at London's Hospital for Sick Children. However, he writes, adolescence is a stressful time for almost everyone, and disabled teenagers face extra adjustment problems. Often, it's not until adolescence that they begin to probe the grim reality of restricted future employment options. And issues such as acceptability to the opposite sex are the focus of heightened anxiety for them.

Ms. Gustafson agrees, pointing out that even "popular" individuals may suddenly be rejected by their nonhandicapped peers as soon as the scourge of adolescence strikes. For example, a blind girl, well accepted in elementary school, had a lonely spell during junior high, when her old friends withdrew from her. Later, at her senior prom, her only dilemma was whether

to bring along her seeing-eye dog—or rely on her date.

To ease disabled adolescents through the difficult junior high years, Dr. Graham recommends fostering "hopeful expectations," while allowing the students to "achieve understanding at their own pace, facing one problem at a time."

### Blowing off steam

In a novel approach to reducing stress, Ms. Gustafson describes a school setup designed to let wheelchair-bound students race as fast as they like. "Wheelchair-bound kids, especially those with good cognitive skills, get awfully frustrated," she says. "They need an emotional outlet—not just physical therapy—to blow off steam. The other students can work out their anger and frustration by running around and playing sports. Unable to do this, the handicapped can develop undesirable manipulative behaviors."

Another solution is to provide punching bags. "You have to be creative in thinking of ways to deal with all these problems," she says.

### Sex Ed

Another important element is sex education. "The school nurse has an important role in dealing with sexuality with handicapped students," says Ms. Gustafson. Usually, she says, it's best to start the education at least two years before the expected behavior—for example, starting to teach about menstruation at around the fourth grade. However, if the child's cognitive skills are low, this approach may be too abstract. Instead, it may be necessary to wait until the change occurs, and then to discuss it in simple, concrete terms—using pictures.

For older mentally retarded students, the "good touch, bad touch" sexual abuse prevention programs can prove ideal, even though they were developed for much younger ages. Like the younger children, the mentally retarded may not know how to interpret a "bad touch" situation, but they do know how they feel—and how to say "no."

### Screening

Handicapped children are particularly likely to have additional unidentified health problems, so they benefit especially from screening programs, including vision, hearing, scoliosis and dental screens. Depending on each child's specific set of disabilities, though, the standard screening techniques may need to be specially adapted.

Adapting screening procedures can be quite a challenge in multihandicapped, or "high-tech," kids. For example, multihandicapped, deaf children cannot respond verbally or raise their hands in response to standard vision screening—Snellen charts. Alternatives include matching games, in which four letters are matched.

Tympanometry has been quite a boon for hearing screening among the multihandicapped. Unlike audiometry, it doesn't require any response from the child.

Conventional health care is another area of concern. The handicapped students still catch chicken pox, strep throat and ear infections, just like the other children. The only difference is that in the nonverbal cases they may not complain about their symptoms. Again, the school nurse's observational skills can save the day—noting any change in their normal behavior and pinning down the problem using sign language.

### Dealing with parents

It takes a great deal of sensitivity to work with the parents of children with disabilities, says Ms. Gustafson. "We must be careful not to fragment these families," she says. "They are under a lot of pressure." She advises being careful to support the family—without usurping the parents' role. The parents are—rightly so—eager to retain control over their families.

"Sometimes it's tempting for school nurses to try to do everything themselves," she says. "But we get better compliance if the family does some things."

Timing is also of the essence. It's important to realize when the parents are in an emotional crisis, because that's a time when they can't be expected to do too much.

Many parents of handicapped children go through a process that's similar to the stages described by Elizabeth Kübler-Ross in "On Death and Dying"—including denial, anger, grief and acceptance. "It's the death of many of the parents' expectations for their children," she explains.

"We make a point of asking the parents, each year, 'What do you wish for your child this year?' " she says. They reply with their top priorities, which may actually alter the children's individualized school health plan.

### Community resources

As advocates for families with handicapped children, school nurses play an important role in finding community resources to help them. Sometimes, there's a need to arrange for home care.

For families in crisis—for example, if both parents are ill or unemployed—there are local child advocacy teams. Sponsored by Child Protective Services, these teams are devoted to aiding families that may be at high risk of abuse and helping them get through their crisis. School nurses often serve on these child advocacy teams.

Kids with handicaps are particularly frequent targets of child abuse—including sexual abuse. So the school nurse's degree of suspicion of child abuse should be raised for the disabled. "Even the nonverbal children can tell you an awful lot, just by their behavior," says Ms. Gustafson. "Look for drastic changes in behavior—such as withdrawal and depression—and then probe gently to find out what it's all about."

## Computers

"Communication, not mobility, tends to show up as the number-one priority on the wish lists of the disabled," says Ms. Gustafson. For the handicapped, computers hold special promise for communication.

They can enable nonverbal students to communicate—talking computers, for example, can help get ideas across from children with severe cerebral palsy or brain injury from an automobile accident. For children with muscular dystrophy, whose endurance is hampered, tapping lightly on a word processor is certainly much less strenuous than banging on a manual typewriter. Computers can also reinforce educational material for the learning disabled. And a variety of health education programs are available for use on computers.

Dealing with the disabled—in particular, using computers, electronic wheelchairs and other promising technical aids for "high-tech" kids—requires special training. And training is also needed to brush up on neural development and specific techniques. Projects such as the School Nurse Achievement Program have responded to this need for training. (See the article on page 6.) But computers, progress, training and jobs all require money. According to Ms. Smith, funding for job lines has lagged behind that for training.

## Costs

What does it all cost? According to the United States Department of Education's Office of Special Education, a total of 4,341,399 handicapped children were served in the nation's public school during the 1983–1984 school year. The extra cost for educating these students for that year was over one billion dollars —$1,068,875,000, or $261 per pupil. These figures come from the Office of Special Education's seventh annual report to Congress on the implementation of P.L. 94–142.

Early in President Reagan's first term, P.L. 94–142 was threatened with cutting. Thanks to a tremendous outcry, the cuts were not made. Now many people are concerned that new deficit reduction plans, including the Gramm-Rudman-Hollings Budget Balancing Law, may pose new threats.

## Growing numbers

Simultaneously, the number of children with significant disabilities keeps rising. Yet each year's funding is based on the previous year's enrollment of handicapped students. And the problems extend beyond the traditionally defined handicaps. "Medical science is continually expanding our abilities to keep children with catastrophic illnesses alive," says Cindy Schuster, RN, a school nurse for the White Bear Lake Area Schools in White Bear Lake, Minnesota. Acute lymphatic leukemia, for instance, is no longer a death sentence.

"As these children become school age, we are finding more and more associated problems, such as developmental delays, as well as disorders of vision and hearing—all of which the schools now have to deal with," she says. "In my practice, each year sees a higher and higher percentage of students who have some kind of chronic health condition or disability that demands special consideration." It's necessary to tailor their educational programs to fit their needs and abilities—to ensure that they can learn.

Also, there are extra health and educational concerns for those children who are hospitalized or recuperating at home. "Just because they're absent from school doesn't mean they're removed at all from my practice," says Ms. Schuster. "I've still got to think about how their health is, and how their learning could be affected by it." Many school nurses make home visits to students who are on home-bound instruction.

Because of diagnosis-related groups (DRGs), hospitals are dismissing patients earlier—shifting even more of the burden to school nurses. "My job isn't getting simpler in any aspect," she says. "And that's true for school nurses across the country."

## For all the kids

The controversies rage on, over how much money should be devoted to educating and caring for handicapped—and nonhandicapped—children. Meanwhile, school nurses continue to fight for more funding, not less, to ensure adequate health services within the school setting—as well as a better education—for all.

*For more information, see "School Nurses Working with Handicapped Children," a unified statement of the American Nurses' Association Division on Nursing Practice, the American School Health Association and the National Association of School Nurses, copyright 1980.*

# New Manual Available:

Hot off the presses comes a manual called "A Practical Guide: Management of Children with Chronic Health Conditions in the School Setting." It's the product of a unique public-private partnership between a school nurse association, namely the School Nurse Organization of Minnesota, and a private health care agency called the Pathfinder Project.

The manual is a direct outgrowth of the School Nurse Achievement Program's foray into Minnesota. The nurses involved in SNAP set up a resource lab for the program in consultation with Gillette Children's Hospital, a specialty hospital for children with disabilities, in St. Paul. Then they got to talking about the remaining needs in the state—especially the importance of creating a permanent record of their SNAP learning experience—and the manual was born.

### Working together

"We school nurses saw a need, and so did the Pathfinder Project," says Cindy Schuster, RN, a school nurse for the White Bear Lake Area Schools in White Bear Lake, Minnesota. "Even though we came from different types of institutions and perspectives, we were able to collaborate and accomplish something that will benefit all of us, especially the kids."

Ms. Schuster adds: "I don't know of any other examples of a school nurse organization collaborating with a private community health care agency to meet the needs of students with disabilities—and other chronic health conditions—the way we have." She explains the link between disabilities and other health problems by pointing out that a variety of chronic health conditions can cause developmental delays.

Not just by school nurses, but for school nurses, the manual is very much a collective effort. Contributors include physical therapists, occupational therapists, speech clinicians and nutritionists—in addition to school nurses. Ms. Schuster coordinated the input from the School Nurse Organization of Minnesota, the state affiliate of the National Association of School Nurses. Her co-coordinator was Georgianna Larson, RN, MPH, executive director of the Pathfinder Project, a program devoted to handicapped children and supported through the Developmental Disabilities Unit at Gillette Children's Hospital, the International Diabetes Center and the Comprehensive Epilepsy League.

### What's inside

The purpose of the manual is to provide information to school districts on ways to manage children with disabilities in the schools. It's written to help districts all over the country—not only in Minnesota—as they plan to meet the needs of their handicapped students.

Although the manual does suggest some procedural guidelines, it's not a how-to guide. "For example, we do discuss procedures for catheterization, as well as some implications," says Ms. Schuster. "However, a health aide couldn't rely solely on the manual to learn how to do catheterization."

### Available at cost

The public health nursing section of the Minnesota Department of Health is printing enough copies to send one to each school district in the state. Additional copies will be distributed, at cost, by the Pathfinder Project.

**For more information on ordering "A Practical Guide: Management of Children with Chronic Health Conditions in the School Setting," call (612) 221-3181. Or write:**

**Georgianna Larson**
**Executive Director**
**Pathfinder Project**
**200 East University Avenue**
**St. Paul, MN 55101**

**The manual will also be available through SNAP in Denver.**

## MEDICATION ADMINISTRATION

670—12.23(281) Medications. Each agency shall establish written policies concerning the administration of prescribed medication by school personnel during school hours. Medications shall not be administered unless the following requirements are met:

12.23(1) Directed by physician. A statement of the physician's directions specifying frequency, amount, and method of administration signed by the prescribing physician must be filed at the school.

12.23(2) Reactions and side effects. A physician's description of anticipated reactions to and possible side effects of the medicine must be filed at the school.

12.23(3) Proper labeling. The medicine shall be maintained in the original prescription container which shall be labeled with:

a. Name of pupil.
b. Name of medicine.
c. Directions for use.
d. Name of physician.
e. Name and address of pharmacy.
f. Date of prescription.

12.23(4) Parent's written consent. A parental signature on a statement requesting and authorizing school personnel to administer the medicine in accord with the prescription shall be filed at the school.

12.23(5) Administering medication. The person responsible for administering the medication shall have ready access to and review of the information regarding the medication filed at the school.

12.23(6) Record of administration. Each time medicine is administered a record shall be maintained to include the pupil's name, date, time, and signature of the person administering the medication.

12.23(7) Security. Each school or facility shall designate in writing the specific locked and limited access space within each building to store pupil medication.

a. In each building in which a full-time registered nurse is assigned, access to medication locked in a designated space shall be under the authority of the nurse.

b. In each building in which a less than full-time registered nurse is assigned, access to the medication shall be under the authority of the principal.

Taken from: Rules of Special Education (1985). State of Iowa, Department of Public Instruction.

THE SCHOOL NURSE . . .

Assists Handicapped Pupils By:

1. Providing a school nurse services program that assures diligent care for all pupils.
2. Establishing programs to prevent and control communicable diseases.
3. Inspecting the school plant to assure safe and sanitary conditions.
4. Planning for emergency care of injuries and illnesses.
5. Using everyday incidents to reach and stimulate interest in sound health appraisals and inspections of pupils.
6. Modifying the school nurse's functions to meet the health needs of individual pupils.

Assists the Parents of Handicapped Children and the Community By:

1. Serving as liaison among the school, home, and community resources.
2. Explaining results of health appraisals to parents.
3. Making referrals through parents to the family physician or to an appropriate agency.
4. Following up on referrals made for possible further care.
5. Counseling with parents to decide upon a plan of action for eliminating, minimizing or accepting and adapting to the pupils' health problems that interfere with effective learning.
6. Interpreting school health policies, procedures, and legal provisions affecting the school health program.
7. Analyzing health data and evaluating health activities to improve the school nurse services program.
8. Identifying the preschool handicapped child.

Assists School Personnel who Work With Handicapped By:

1. Functioning as a health consultant and resource person.
2. Keeping faculty informed of legal provisions pertaining to school health.

3. Providing leadership in developing and implementing policies relative to environmental health and safety.

4. Serving on curriculum development committees.

5. Initiating and implementing inservice programs.

6. Conferencing with teachers to interpret the health status of their pupils.

7. Planning activities with supervisors and administrators.

8. Participating in faculty and parent meetings.

Source: School Nurse Organization of Minnesota

## AN OVERVIEW OF RESEARCH: THE PRACTICAL APPLICATIONS

Few interactions are likely to occur between nonhandicapped students and their severely handicapped peers simply through the physical integration of these two groups. To promote positive interaction, practitioners should:

1. Provide accurate information about severely handicapped students to their nonhandicapped peers.

2. Establish volunteer peer-partner, special friend, or peer-tutor programs that involve structured, ongoing interaction opportunities.

3. Teach nonhandicapped students how to interact through modeling, verbal directions, and constructive feedback, coupled with direct interaction opportunities.

4. Create a cooperative, rather than competitive learning environment.

5. Teach appropriate social skills to students with severe handicaps.

6. Involve students with severe handicaps in age-appropriate activities that would be of interest to handicapped students.

While the majority of nonhandicapped students hold neutral to slightly positive attitudes toward severely handicapped students, there are a number of nonhandicapped children who appear to hold negative attitudes of fear, rejection, and anxiety toward students with severe handicaps.

In order to facilitate the development of more positive attitudes on the part of nonhandicapped students toward their severely handicapped peers, practitioners should:

1. Provide ongoing, longitudinal, structured interaction opportunities.

2. Conduct sensitization sessions using books, films, filmstrips, and available attitude-change curricula.

3. Teach nonhandicapped students to recognize similarities between themselves and their severely handicapped peers as opposed to focusing solely on perceived differences.

4. Infuse integration information and interaction opportunities into regular curriculum areas.

Teachers of nonhandicapped students tend to hold neutral to slightly accepting attitudes toward the integration of severely handicapped students into regular schools.

In order to improve the attitudes of regular educators toward the integration of severely handicapped students, practitioners should:

1. Provide teachers with information regarding the goals and rationale for integration.

2. Provide regular educators with direct experiences with severely handicapped students.

3. Involve regular educators in determining how they could facilitate the integration of severely handicapped students into their school or classroom.

# PARENTS SPEAK TO HEALTH PROFESSIONALS

At the initial diagnosis, allow enough time. This will change the course of our entire lives. Your time is no less valuable than your knowledge. Arrange a supportive climate for this conference. We need privacy and quiet without interuptions during our time together.

Really listen to us. Attend to our emotional well-being. Recognize that this is a crisis in our lives. "Socially inappropriate" displays of emotions are part of the healing process.

Expect us to have some true depression, sorrow, anger, fear about ourselves and our child. Our parent roles have suddenly changed and we are scared and uncertain of our responsibilities. There will be times when we can't cope with your expectations of us.

Recognize that our real grief is normal, even if you're not comfortable with us. Don't allow others to enter until we have regained our dignaty. Allow us private time after the conversation to compose ourselves for the world outside.

We acknowledge your discomfort in the "telling parents" role but if we see only your "professional self" and hear only your objective medical terminology, great distances will be between us forever.

"Open" physicians evoke "open" conferences.

Call our child by his or her name. It can reaffirm his person and not his priority on a caseload.

Reflect our feelings. Eye contact, touching, tone of voice, and body language all contribute to our continued communication.

The sound of silence has an important role in our communication.

Beware of treating us as your patients. Encourage us to become full-fledged members of the team.

There must be a healthy balance between person-to-person communication and written reports. Both serve our intense needs.

Our vulnerability of having our emotional level on clinical records discourages honesty and promotes distrust. It encourages a "Supposed-to-be-in-Control" Syndrome which obstructs communication.

Offer to make a cassette tape of diagnosis explanation with our questions and answers. It will be our resource of information in becoming the "experts" with our relatives, friends, and neighbors.

Yes, educate us. If you use a medical term, teach it's meaning. We are just beginning on a personal search for our child. You have an opportunity to provide us with accurate information. Never underestimate our commitment to knowledge. We will search for information high and low. Some of it will be accurate, the other ignorant.

Help us educate ourselves and make sure we know how to relate that education to others.

Help us understand the technical differences between professional diciplines. Territorial problems between professionals (medical vs. educational, etc.) can only serve to obstruct the care and future of our child.

Be constantly aware that we can become confused because of confusing or conflicting information coming from a variety of professionals. Overabundance of "prescriptive treatments" that conflict contributes to our not knowing which theory to be loyal to and continue for our child. This conflict will diminish our communication.

Sincerely encourage us to use other supportive services. Project respect for these services to that we may see to it that our children benefit from what they can offer.

Source: Unknown

ADMINISTRATIVE TASKS TO ACHIEVE SCHOOL PLACEMENT
FOR CHILDREN WITH CHRONIC ILLNESSES

I. Securing Information

A. Medical Needs in the Classroom
   1. Diagnosis
   2. Classroom implications of diagnosis
   3. Medications - Effect
   4. Equipment - Maintenance
   5. Procedures

B. Emergency Procedures
   1. Immediate danger signs
   2. Immediate attention indicators
   3. Warning signs and symptoms
   4. Emergency room liaison

C. Self-Care Concerns
   1. Toileting
   2. Eating
   3. Grooming
   4. Dressing
   5. Mobility
   6. Pressure relief

D. Developmental Considerations
   1. Past school history
   2. Level of cognitive functioning
   3. Academic/developmental levels of achievement

II. Developing the Program

A. Selecting the Least Restrictive, Educationally Relevant Program
   1. Consideration of student's ability
   2. Consideration of school building (accessibility)
   3. Consideration of resources services to assist the teacher
   4. Consideration of transitional programs

B. Developing the IEP (Individualized Education Program)
   1. Translating health maintenance needs into educational goals
   2. Documenting responsibilities

C. Staff Training
   1. Determining training needs
   2. Utilizing community professionals for training
   3. Individualizing and documenting training

D. Personnel Issues
   1. Selecting staff
      a. Qualifications
      b. Knowledge
   2. Determining staffing patterns
   3. Reducing liability

Source: Chronic Illness Program
Ventilator-Assisted Care Program
Children's Hospital, New Orleans 70118

STUDENTS WITH HEALTH-IMPAIRMENTS AT SCHOOL

Reducing the Risk of Liability in the Classroom

1. Effectively document needs and how they will be met in the IEP (Individualized Education Program).

2. Develop individualized procedures for tasks to be performed.

3. Review procedures with parents and physicians and have them sign form indicating their agreement with procedures.

4. Document that appropriate training has occurred. Include person's names, specific procedures demonstrated, and date of scheduled rechecks.

5. Training anyone who will be involved in the child's care, i.e., bus driver, etc.

6. Establish contingency plans. Train other personnel who will take over when the major caretakers are not available.

7. Include maintenance and emergency procedures in your training.

8. Develop plans with physicians and parents for transport and provision of service in local emergency room.

Source: Chronic Illness Program
Ventilator-Assisted Care Program
Children's Hospital, New Orleans 70118

EFFECT OF DEGREE OF HEARING LOSS ON
UNDERSTANDING OF LANGUAGE AND SPEECH

| Degree of Handicap: Average Hearing for the Frequencies 500 Hz, 1000 Hz, 2000 Hz | Effective Understanding Language and Speech |
|---|---|
| Normal Hearing<br>0 to 20dB | |
| Mild Loss<br>20 to 50dB | May have touble hearing faint or distant speech. |
| Moderate Loss<br>50 to 70dB | Speech must be loud to be understood; will have increasing difficulty in group discussions; speech likely to be defective. Language usage and comprehension deficiencies. Vocabulary limitations. |
| Severe Loss<br>70 to 90dB | May be able to hear loud voices about one foot from the ear, may be able to identify environmental sounds. May be able to discriminate vowels but not all consonants. Speech and language will be affected and will not develop spontaneously if hearing loss is present before 12 months of age unless amplification is provided. |
| Profound Loss<br>90 dB or more | May be able to hear loud sounds but may be more aware of vibrations than of tonal patterns. May rely on vision rather than hearing as the primary sensory channel for communication; speech and language defective. Speech and language will not develop spontaneously if loss is present before one year of age unless amplification is provided. |

## A LIST OF CHILDREN TERMED "VISUALLY AT RISK" IN TERMS OF POSSIBLE VISION DEFECTS

These children should be recommended for vision examinations twice during the first year of life and annually thereafter. This recommendation is made since literature reveals a high incidence of problems among children in the various delineated categories.

### Genetically Derived Ocular Problems.

1. Children of parents or grandparents who have strabismus, amblyopia or refractive error of large amounts.
2. Siblings of children with strabismus, amblyopia or refractive errors of large amounts.
3. Children with mental retardation, genetically derived.
4. Children of high birth weight born to diabetic mothers.
5. Children of parents or grandparents with the possibility of known or expressed genetic ocular defects, e.g., sickle cell anemia in blacks.

### Environmental Influences on the Mother and Prenatal Disease or Trauma

1. Children of ruebella mothers.
2. Children whose mother had other viral disease in the first or second trimester of pregnancy.
3. Children born to mothers with a history of poverty malnutrition during early life of the pregnancy. Prolonged absence of medical care.
4. Children born to mothers of unusually high or low age at time of birth.
5. Children born to mothers who during pregnancy were on drugs, smoked heavily, consumed excessive coffee, alcohol.
6. Children of mothers with hemolytic disease, e.g., Kernicterus, anemia, etc.

### Perinatal Problems

1. Children of premature birth weight (under 2500 gms. or 5 1/2 lbs. and less than full term gestation.)
2. Children born dysmature (full gestation period but birth weight less than 2500 gms. or 5 1/2 lbs.)
3. Children assigned low Apgar scale rating at birth.
4. Children of delayed births or where there is excessively long labor, breach births, vaginal bleeding.
5. Multiple pregnancy births.

Behavioral Abnormalities of the Child

1. Infant with shrill or high pitched cry.
2. Excessive drowsiness or irritability.
3. Child who is excessively active or excessively withdrawn.
4. Absence of or excessively prolonged presence of such rerlex, more re.lex, blink reflex, tonic neck reflex.
5. Akwardness in the environment as compared to children of same age and background.
6. Children who engage in self-abusive behavior (face slapping, head banging).

Children with Physical, Mental or Disease Imported Handicap

1. Deaf children.
2. Cerebral Palsy.
3. Traumatic unconsciousness.
4. Excessive fever for prolonged period.
5. Child with obvious visually related signs or symptoms.
6. Child without obvious visual handicap but with abnormal behavior.
7. Cyanotic heart disease.
8. Children handicapped by institutionalization of any kind.
9. Children in poverty and low medical care areas.
10. Children who are on any type of medication.
11. Children with diagnosed "syndrome" Down's and others.

First Issued December, 1970
Revised October, 1971
Revised October, 1972

M.E. Woodruff, O.D., Ph.D.
Professor, Director of Clinics
School of Optometry
University of Waterloo

Medications which effect vision, the list includes commonly used drugs such as:

| Drug | Possible Vision Effects |
|---|---|
| Mellaril | decreased visual acuity, impairments of night vision, brownish coloring of vision, pigmentary retinopathy. |
| Valium | blurred vision |
| Librium | blurred vision |
| Dilantin | nystagmus |
| Phenobarb (and all other barbituates) | dilates pupils, blurred vision, increased intra-ocular tension (glaucoma-like conditions) |
| Thorazine | deposits of fine particulate matter in the lens and cornea, advancing to star-shaped cataracts with extended use (these symptoms tend to occur after two years or more of use), pigmentary retinopathy. |
| Navane | blurred vision |
| Tegretol | blurred vision, visual halucinations, transient diplopia and oculomotor disturbances, possible conjunctivities and scattered, punctate cortical lens opacities. |
| Diamox | used in glaucoma treatment, transient myopia |
| Prednisone | prolonged use may produce posterior subcapaular cataracts, glaucoma with possible damage to the optic nerves, increased ocular pressure, suggests baseline and periodic eye examination including slit lamp, funduscopy, and tonometry. |
| Clonopin | abnormal eye movements, diplopia "glassy-eyed" appearance. |

## Visual Acuity Tests for the Difficult-to-Test

| Test | Type of Response | Advantages | Disadvantages | Commercial Outlet |
|---|---|---|---|---|
| Snellen E | label or point in direction of test target | short test administration time<br><br>has both a near point and far point test | child must know concepts of up, down, right and and be able to point reliably in all four directions<br><br>target is 10 or 20 feet from child for far testing | American Optical<br>Buffalo, NY 14215 |
| Sjogren | label or point in direction of test target | short test administration time<br><br>has both a near point and far point test | child must know concepts of up, down, right and and be able to point reliably in all four directions<br><br>target is 10 or 20 feet from child for far testing | American Optical<br>Buffalo, NY 14215<br><br>Western Optical<br>1200 Mercer Street<br>Seattle, WA 98109 |
| Chart | | administration time<br><br>not directional in response | target is 20 feet from child | Bernell Corp. & Others<br>422 E. Monroe Street<br>South Bend, IN 46601<br><br>Western Optical<br>1200 Mercer Street<br>Seattle, WA 98109 |
| Lawson Chart | label colored pictures of food items | short test<br><br>administration time not directional in response | requires accurate verbal labeling<br><br>target is 20 feet from child<br><br>colors may provide extraneous cues | Milton Roy Co.<br>Sarasota, FL 33578 |





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## Visual Acuity Tests for the Difficult-to-Test

| Test | Type of Response | Advantages | Disadvantages | Commercial Outlet |
|---|---|---|---|---|
| HOVT<br><br>(Sloan) | match or label letters H-O-V-T | short test<br><br>administration time not directional in response | has far point chart only<br><br>target is 10 feet from child | Good-Lite Co.<br>1540 Hannah Avenue<br>Forest Park, IL 60130 |
| Lighthouse | label or match pictures: house apple, umbrella | short test administration time<br><br>not directional in response<br><br>has both near point and far point tests | target is 10 feet from child<br><br>threshold is based on the first incorrect response | New York Association for the Blind<br>111 E. 59th Street<br>New York, NY 10022 |
| Dr. Pepper | label or match geometric figures: Circle, square, triangle | not directional in response<br><br>short test administration time | target is 15 feet from child<br><br>has far point test only | Drs. Pepper and Stahl<br>230A South Avenue<br>Lake Oswego, OR 97034 |
| Parsons Visual Acuity Test | direct pointing response to pictures hand, cake, bird | not directional in response<br><br>has both near and far point tests<br><br>both tests are given at 13 inch distance | longer test administration time<br><br>requires more screener expertise<br><br>cost of materials is greater | Bernell Corp. & Others<br>422 E. Monroe Street<br>South Bend, IN 46601 |





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12.25(3) Special education support personnel.

m. "Special education nurse" is a professional registered nurse who assesses, identifies, and evaluates the health needs of handicapped pupils; interprets the health needs to the families and educational personnel as those needs relate to the pupils' strengths and educational limitations; implements specific activities commensurate with the practice of professional nursing; and, integrates the health care into an acceptable pattern with the educational program.

Source: Rules of Special Education (1985). State of Iowa, Department of Public Instruction.

670—73.3(14) Special education nurse.

a. Authorization. The holder of this authorization is authorized to serve as a special education nurse to pupils requiring special education from birth to twenty-one (and to a maximum allowable age in accord with Iowa Code section 281.8).

The legalization for this support service personnel is through a statement of professional recognition (SPR) and not through a certificate.

b. Program requirements. Degree—baccalaureate in nursing or master in nursing.

c. Other.

(1) Current licensure in the state of Iowa by the board of nursing.

(2) Two years experience in public health nursing including service to schools or as a school nurse.

Temporaries. A professional registered nurse who does not meet the criteria of c.(2): The applicant must complete six semester credits of graduate or undergraduate course work in special education within one school year after receiving temporary authorization.

Procedure for acquiring a statement of professional recognition:

The special education director (or designee) of the area education agency must submit a letter to the division requesting that the statement of professional recognition be issued. Additionally, these documents must be submitted:

1. A copy of the license issued from the Iowa board of nursing.
2. An official transcript.
3. Verification of c.(2).

A temporary SPR will then be issued for one school year. An approved human relations course must be completed before the start of the next school year.

Source: Teacher Education and Certification Division
Department of Education
10/88

## SPECIAL EDUCATION NURSES

AEA 1

Mary Jane Fruch
Helen Keller School
2840 JFK
Dubuque, Iowa 52001
319/557-9570

Mary Purdy
1473 Central
Dubuque, Iowa 52001
319/588-0538

Marti Schmitz
Route 2, Box 19
Elkader, Iowa 52043
319/245-1480

Linda Siegrist
201th Sixth Street N. W.
Waukon, Iowa 52172
319/568-4818

AEA 4

Ellen L. Johnson
102 South Main Avenue
Sioux Center, Iowa 51250
712/722-4374
1-800-572-5073

Sandi Moeller
River Valley School
Rock Valley, Iowa 51247
712/476-2743

AEA 5

Laura McQueen
1235 Fifth Avenue South
P. O. Box 1399
Fort Dodge, Iowa 50501
515/576-7434
1-800-362-2183

Sondra Price
1235 Fifth Avenue South
P. O. Box 1399
Fort Dodge, Iowa 50501
515/576-7434
1-800-362-2183

AEA 6

Kathy M. Derbert
Area Education Agency 6
210 South 12th Avenue
Marshalltown, IA 50158
515/752-1578

Linda Topp
Pleasant Hill School
909 South 12th Street
Marshalltown, Iowa 50158
515/753-5180

AEA 7

Gail Blaesing
3706 Cedar Heights Drive
Cedar Falls, Iowa 50613
319/273-8250

Cyd Q. Grafft
3712 Cedar Heights Drive
Cedar Falls, Iowa 50613
319/273-8250

Marilyn Kinne
River Hills School
2700 Grand Boulevard
Cedar Falls, Iowa 50613
319/268-0487

AEA 9

Ruby McCullough
Harry S. Truman School
5506 North Pine
Davenport, IA 52806
319/386-6450

AEA 10

Nancy Paulsen
4401 Sixth Street S. W.
Cedar Rapids, Iowa 52404
319/399-6700

AEA 11

Joyce Burch
Smouse School
2820 Center
Des Moines, Iowa 50312
515/277-6311

Marilyn Goll
Willson-Beardshear School
Ninth and Carroll
Ames, Iowa 50010
515/292-1543

Dotty Solliday
Ruby Van Meter School
710 28th Avenue
Des Moines, Iowa 50312
515/274-3873

Barbara Wright
Smouse School
Preschool Handicapped
2820 Center
Des Moines, Iowa 50312
515/277-6238

AEA 12

Lynette Kelsey
Western Hills AEA 12
1520 Morningside Avenue
Sioux City, IA 51106
712/274-6010

AEA 16

Kathy Schneider
Central Avenue Trainable School
1205 N. Central
Burlington, IA 52601
319/753-5141

MAILING LIST OF ADVOCACY GROUPS FOR

PARENT-EDUCATOR CONNECTION PROJECT

Iowa Developmental Disabilities Council
Karon Peilowski
Division of Mental Health
Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319
515/281-7632

Easter Seal Society of Iowa
Rolfe Karlsson, Director
P.O. Box 4002
401 NE 66th Avenue
Des Moines, Iowa 50313
515/289-1933

March of Dimes Birth Defects Foundation
Richard Sutherland, Director
304 1/2 Eighth Street, Suite 200
Des Moines, Iowa 50309
515/280-7750

Epilepsy Association of Iowa
Russell Wells, Director
2915 47th Street
Des Moines, Iowa 50310
515/277-1872

Iowa Association for Children & Adults with Learning Disabilities
Donna Liscum
Box 267
Fort Dodge, Iowa 50501
515/576-7521

Iowa Association for Education of Young Children
JoAnn Lane
Exceptional Persons, Inc.
2530 University Avenue
Waterloo, Iowa 50701
319/232-6671

Iowa Association for Retarded Citizens
Mary Etta Lane, Executive Director
1707 High Street
Des Moines, Iowa 50309
515/283-2358
1-800/362-2927

Iowa Association of Rehabilitation & Residential Facilities, Inc.
Sharon Geers, Director
1200 35th Street, Suite 120
West Des Moines, Iowa 50265
515/223-6635

Iowa Association for the Deaf
Shirley Hicks, President
2 Skyview Drive
Council Bluffs, Iowa 51501
712/325-0074

Iowa School for the Deaf
Diane Craig, Parent Consultant
Iowa School for the Deaf
Council Bluffs, Iowa 51501
712/366-0571

Iowa Council for Exceptional Children
Sara Gill
University of Dubuque
2000 University Avenue
Dubuque, Iowa 52001
319/589-3242

Iowa Federation of the Blind, Inc.
4035 Holcomb
Des Moines, Iowa 50310
515/274-1341

Iowa Pilot Parents
Carla Lawson, Director
1602 10th Avenue, N.
Fort Dodge, Iowa 50501
515/576-5870

Iowa Protection and Advocacy Services
Mervin Roth
3015 Merle Hay Road, Suite 6
Des Moines, Iowa 50310
515/278-2502

Iowa Society for Autistic Children
Dr. Luke Tsai
Child Psychiatry Services
500 Newton Road
Iowa City, Iowa 52242

Mental Health Association of Iowa
Timothy Barber Lindstrom
315 East 5th Avenue, Suite 6-B
Des Moines, Iowa 50319
515/244-7414

Muscular Dystrophy Association
Joe Leiser
2500 Harding Road, Suite 3
Des Moines, Iowa 50310
515/274-3883

National Multiple Sclerosis Society-Iowa Chapter
8033 University Boulevard
Des Moines, Iowa 50311
515/274-4921

Spina Bifida Association of Iowa
Connie Willey
115 2nd Street, NW
Mitchellville, Iowa 50169
515/967-3665

United Blind of Iowa
John Taylor
2012 40th Place
Des Moines, Iowa 50312
515/279-2817

United Cerebral Palsy of Iowa
Thelma Tyler
3705 Washington Avenue
Des Moines, Iowa 50310
515/255-7679

Children in Hospitals
31 Wilshire Park
Needham, MA 02192
617/482-2915

Children's Defense Fund
122 C Street N.W.
Washington, D.C. 20001
202/628-8787

Children's Hospice International
501 Slater's Lane, #207
Alexandria, VA 22314
703/529-1811

Children's Hospital National
Medical Center
111 Michigan Avenue N.W.
Washington, D.C. 20010
201/745-5000

Coordinating Council for
Handicapped Children
Parent Information Center
407 South Dearborn Street
Chicago, IL 60605

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

Educational Materials Center
Schol of Health
Light for the Way Booklet Series
Loma Linda University
Loma Linda, CA 92350

Exceptional Parent Magazine
605 Commonwealth Avenue
Boston, MA 02215

Family Communications
4802 Fifth Avenue
Pittsburgh, PA 15213
412/687-2990

Federation for Children with
Special Needs
312 Stuart Street, 2nd Floor
Boston, MA 02116
617/482-2915

The John F. Kennedy Institute for
Handicapped Children
707 North Broadway
Baltimore, MD 21205

Kids on the Block
1712 Eye Street N.W.
Suite 1008
Washington, D.C. 20006

Make Today Count
Box 222
Osage Beach, MO 65065
314/348-1619

March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605
914/4280-7100

National Easter Seal Society
2023 West Ogden Avenue
Chicago, IL 60612
312/243-8400

National Information Center for
Handicapped Children and Youth
1555 Wilson Boulevard
Rosslyn, VA 22209
703/522-3332

National Society for Crippled
Children and Adults
2023 West Ogden Avenue
Chicago, IL 60612

Panda Helps
1872 West Lotus Place
Brea, CA 92621

Parent's Campaign for Handicapped
Children and Youth/Closer Look
1201 16th Street N.W.
Washington, D.C. 20036

Pediatric Project
P.O. Box 2175
Santa Monica, CA 90406
213/459-7710

Resources for Children in
Hospitals
P.O. Box 10
Belmont, MA 02178

Ronald McDonald House
Golin/Harris Communications, Inc.
5000 North Michigan Avenue
Chicago, IL 60611
312/836-7129

Sibling Information Network
3429 Glenbrook Road
Box U-64
University of Connecticut
Storrs, CT 06268
203/486-4034

Siblings for Significant Change
823 United Nations Plaza, #808
New York, NY 10017
212/599-3362

SKIP (Sick Kids Need Involved
People) Inc.
216 Newport Drive
Severna Park, MD 21146
301/647-0164

SCHOOL PERSONNEL

3.4(14) **Medical examination.** Except as otherwise provided in the rules of the state board of public instruction, the local board shall require each employee to file with it, at the beginning of service and at three-year intervals thereafter, a written report of a medical examination by a licensed physician and surgeon, osteopathic physician and surgeon or osteopath which shall include a check for tuberculosis, certifying that such employee has the fitness to perform the tasks assigned.

*See next page for regulations for bus drivers

Source: Iowa Administrative Code
July, 1984

2200-E05774-8/82

State of Iowa
DEPARTMENT OF PUBLIC INSTRUCTION
School Transportation and Safety Education Division
Grimes State Office Building
Des Moines, Iowa 50319

# THE SCHOOL BUS DRIVER
(Effective August 11, 1982)

1. School bus drivers must: (1) be at least eighteen years of age, unless such person has successfully completed an approved driver education course, in which case, the minimum age shall be sixteen years, (2) be not more than 69 years of age as of August 1 preceding the opening of the school year.

2. A school bus driver must have a current Iowa chauffeur's license.

3. No driver should be employed until the board has assured itself that the applicant has an acceptable driving record.

4. Applicants for the school bus driver's permit must submit each year to the school transportation and safety education division, a signed report (Form TR-6-497B) of a medical examination by a licensed physician and surgeon, osteopathic physician and surgeon, or osteopath, indicating physical fitness as follows:

   A. Sufficient physical capability to operate the bus effectively and to render assistance to the passengers in case of illness or injury.

* B. Less than full and normal use of both hands, both arms, both feet or both legs may disqualify the applicant. Individual evaluations will be made for applicants and requirements may be waived upon submission of a written statement from the superintendent of schools attesting to the ability of the applicant to safely perform the duties of a school bus driver. The superintendent or a superintent's designee shall evaluate the applicant's ability in the operation of a school bus including all safety equipment, in providing assistance to passengers in evacuation of the school bus and in the performance of other duties required of a school bus driver.

   C. Freedom from any communicable disease such as tuberculosis:

      1. Tests for Tuberculosis:

         a. Types of tests. An applicant for a School Bus Driver's Permit may take either the Intradermal Tuberculin Skin Test or a Chest-X-ray film. If the result of the Intradermal Tuberculin Skin Test is positive, however, an X-ray must then be taken. An applicant whose Chest X-ray shows an active form of tuberculosis will be rejected. (Patch Tests are not acceptable for purpose of qualifying for a School Bus Driver's Permit.

         b. Duration of test results. An applicant who has had a negative Intradermal Tuberculin Skin Test or a negative Chest X-ray within the three year period preceding the date of the applicant's physical examination as shown on the application for a School Bus Driver's Permit is not required to be retested.

D. Freedom from mental, nervous, organic, or functional disease; including but not limited to epilepsy, paralysis, insanity, abnormal blood pressure, heart ailments or any disease that may cause a tendency to fainting. Blood pressure in excess of 170 (systolic) and 100 (diastolic) taken in a sitting position, or diabetes, will disqualify the applicant in the absence of a qualified physician's recommendation and satisfactory statement covering the significance of the condition.

After the application has been approved and the school bus driver's permit has been issued, if at any time the driver does not meet all of the stated requirements, the superintendent or school administrator shall not permit the person to drive a school bus until the deficiency has been corrected.

The department of public instruction may issue a temporary school bus driver's permit based upon an evaluation of the individual applications.

E. The applicant must have at least 20/40 vision in each eye, either normally or after correction. If the vision in one eye is near normal, visual acuity within the limits of 20/60 in the other eye will be acceptable for qualification. If corrective lenses are required to bring vision within the aforesaid limits they must be worn by the licensee at all times when operating the bus. Tunnel or barrel vision will disqualify an applicant. The applicant must have a field of vision of at least 150 degrees. The applicant must have near-normal depth perception and have no color deficiency which would interfere with safe driving.

F. Any applicant experiencing difficulty in hearing or any applicant having a known hearing loss shall submit the results and evaluation of an annual audiometric measurement of hearing administered by a licensed audiologist or school/audiologist clinician. The applicant will be deemed disqualified to drive a school bus if the average hearing level for 500, 1000 and 2000 Hz in the better ear exceeds 40dB hearing level (ANSI, 1969). If the above requirements are met with the use of a hearing aid, the applicant is restricted to wearing and utilizing an adequately functioning hearing aid while driving a school bus.

G. The driver must be mentally alert and of at least normal intelligence.

5. General character and emotional stability are qualities which must be given careful consideration by boards of education in the selection of school bus drivers.

A. Elements that should be considered in setting a character standard are:

1. reliability or dependability
2. initiative, self-reliance, and leadership
3. ability to get along with others
4. freedom from use of undesirable language
5. personal habits of cleanliness
6. moral conduct above reproach
7. honesty
8. freedom from addiction to narcotics or habit forming drugs
9. freedom from addiction to alcholic beverages or liquors

B. Factors to be considered in determining emotional stability are:

1. patience
2. considerateness
3. even temperament
4. calmness under stress

6. Experience in driving large vehicles, such as trucks or buses, is essential. When student drivers who have not had this experience are selected, the administration must see that they are given this experience in the operation of the school bus before permitting them to transport pupils.

7. A thorough knowledge of traffic laws and regulations shall be required of all drivers.

Recommendations for Tuberculosis Control
in School Districts

Employees:

A. Initial employment

1. Mantoux tuberculin skin test with five tuberculin units of p.p.d.

2. Negative reaction - Document results.

3. Positive reaction - chest x-ray needed. Document results.

4. Positive chest x-ray - evaluation for active tuberculosis.

B. Subsequent examinations

1. Negative reactors - Repeat mantoux tuberculin skin test. Follow guidelines A(1)(2)(3)(4).

2. Positive reactors - No skin test or x-ray unless signs or symptoms of tuberculosis are present or absence of documentation.

C. Exposure to tuberculosis at any time.

1. Negative reactors - Repeat mantoux tuberculin skin test. Follow guidelines A(1)(2)(3)(4).

2. Positive reactors - No skin test or x-ray unless signs or symptoms are present or absence of documentation.

Source: Department of Health
8/85

NON-R.N. SCHOOL PERSONNEL

590—6.3(152) Minimum standards of practice for licensed practical nurses.

6.3(1) The licensed practical nurses shall recognize and understand the legal implications within the scope of nursing practice. The licensed practical nurse shall perform services in the provision of supportive or restorative care under the supervision of a registered nurse or physician as defined in the Code.

6.3(3) The licensed practical nurse may be assigned in those patient/client settings requiring the knowledge and skill level currently ascribed to the registered nurse when supervised by a registered nurse/physician present in the proximate area. Settings shall include the following:

h. School nursing

590—6.1(152) Definitions.

6.1(14). Proximate area. In the interpretation of proximate area. the board shall take into account the professional judgment of the registered nurse in determining the necessary capability of the licensed practical nurse to be assigned to a given areea, as well as the appropriate distance within the building and time necessary to be readily available to the licensed practical nurse.

Source: Iowa Board of Nursing, Chapter 6, Licensure to Practice 1986

## ACTIVITIES

Activities that can be assigned to non RN school personnel assigned to school health services program:

Record Keeping
- Sorting
- Filing
- Reviewing for complete data
- Recording data

Pulling health records for programs
- Special education reviews
- Screening programs

Maintaining tickler (Tickler file has cards filed under specific dates).

School Nurse (RN) planning and follow-up activities. These records are for children who may need health counseling, monitoring for specific health reasons, follow-up on referrals for professional evaluation.

Immunization Cards
- Screen all cards against the requirements
- Separate those cards that do not meet the requirements.
- Refer these to school nurse or county public health nurse.
- Notify administrator of those children whose cards are not in compliance.

Completing requests for health data from out of school district sources (other school districts, health care resources).

Send out routine notices regarding school programs (notice to parents of communicable disease occuring in school population, chicken pox).

Follow approved procedures for emergency care of those who suffer illness or injury during school.

LPNs may administer medication when physician has prescribed and parents have written permission for the specific medication.

Maintain health office, keep supplies and materials in organized storage. Complete order forms requesting supplies and equipment.

Complete factual information for incident reports (accidents, etc.)

Collect materials for RN use at meetings, staff inservice, kindergarten "round up", parents meetings.

Under supervision of school nurse (RN) and with training in specific procedures, the LPN may be assigned tasks the RN deems to be within the competency of the LPN. This requires the RN be in the building when such tasks are performed. The RN must periodically observe these tasks and document that specified procedures are being followed. The responsibility for the assigned tasks being correctly completed remains with the RN.

DIRECTORY OF
LICENSED PRACTICAL NURSES

Barbara Brue
Buffalo-Center-Rake
Buffalo Center: AEA 2

Jan Morlan
Scranton Consolidated School
Scranton: AEA 5

Lou Ann Bush
Radcliff Community School
Radcliff: AEA 9

Nancy Muhlhausen
Maquoketa Community School
Maquoketa: AEA 9

Pam Schmidt
Norway Community School
Norway: AEA 10

Diane Genzen
Manning Community School
Manning: AEA 11

Becky Maher
Mingo Community School
Mingo: AEA 11

Jean Mark
AEA 14 CDPS
Creston: AEA 14

Karen Hight
Greenfield Community School
Greenfield: AEA 14

9/85

SCHOOL NURSES

## THE FRAMEWORK OF PRACTICE AND PHILOSOPHY OF SCHOOL NURSING

The role of the school nurse is:

1. Manager of health care services.
2. Provider of health services.
3. Advocate of health rights for children.
4. Counselor of health care concerns for students, parents, and school staff.
5. Educator for school and community health concerns.

Every child is entitled to educational opportunities which will allow each child to reach their full potential and which will prepare the child for accepting the responsibilities of becoming an adult. Each child is also entitled to a level of health which will maximize utilization of available educational opportunities.

Every school should provide a school health program which will promote and protect the health of the children served by the school. The activities of the school health department play a primary role in the establishment of a cooperative working relationship with the home and the community.

The role of the school nurse as the manager of health care is the nurse who recognizes that management skills and utilization of those skills is essential for the successful practice of nursing within the school setting. The management process must be utilized by the school nurse at all levels in her organizational setting. All nurses must be knowledgeable and competent managers within their nursing setting. These nurses need to be actively involved with planning including their budget process within their employment setting and must concern themselves with directing the school health department if school nursing is to take charge of its own destiny.

Misconceptions of the role of the school nurse may be part of the reason for the difference in the communication styles of health care professionals compared with others in the educational setting. Most school nurses value and understand the importance of health promotion and disease prevention. However, some of the significant others in the work setting may tend to limit the scope of these practices. Too often, the result is an overemphasis on visible functions such as first aid, emergency care, transportation of sick children, and record keeping at the expense of the less tangible functions of health promotion and disease prevention.

## STANDARDS OF SCHOOL NURSING PRACTICE

These standards were developed by a task force representing the American Nurses Association and other professional specialty nursing organizations with an interest in school health to provide a means of improving the quality of care. They are written within the framework of the nursing process, which includes data collection, diagnosis, planning, intervention, and evaluation. The standards also address the role of the school nurse in program management. Accountability of the nurse to the student and an overall goal of acceptance by students and their families of responsibility for their own health is implicit throughout the standards.

STANDARD I: The school nurse applies appropriate theory as a basis for decision making in nursing practice.

STANDARD II: The school nurse establishes and maintains a comprehensive school health program.

STANDARD III: The nursing process includes individualized health plans which are developed by the school nurse.

STANDARD IV: The school nurse collaborates with other professionals in assessing, planning, implementing, and evaluating programs and other school health activities.

STANDARD V: The nurse assists students, families, and groups to achieve optimal levels of wellness through health education.

STANDARD VI: The school nurse participates in peer review and other means of evaluation to assure quality of nursing care provided for students. The nurse assumes responsibility for continuing education and professional development and contributes to the professional growth of others.

STANDARD VII: The school nurse participates with other key members of the community responsible for assessing, planning, implementing, and evaluating school health services and community services that include the broad continuum of primary, secondary, and tertiary prevention.

STANDARD VIII: The school nurse contributes to nursing and school health through innovations in theory and practice and participation in research.

Source: Standards of School Nursing Practice, American Nurses Association, 1983.

STATEMENT ON COMPETENCIES OF SCHOOL NURSES
AND RATIONALE FOR COMPETENCIES
from the National Association of School Nurses

1. Ability to relate principles of education and learning theory to the health status of children to identify factors which might or do create problems for individual children.

   The school nurse relates the limiting effect of a child's health needs to the school's expectations of the child and recognizes where adjustment must be made so the abilities of the child and the school expectations are compatible.

2. Ability to recognize health factors which create educational obstacles and handicaps for exceptional children.

   Obstacles are those temporary and remediable problems; handicaps are stable conditions which require coping mechanisms and are not alterable such as deafness, mental retardation, absence of arm or leg. Obstacles would include orthopedic correction procedures with casts, remediable long-term illness, hearing loss with adequate recovery following surgical procedures.

3. Knowledge of psychology of learning adequate to serve in developing inservice health education for school personnel.

   The school nurse interprets medical data into nonmedical terms to enhance the teacher's understanding of the child.

4. Knowledge of principles of curriculum development adequate to be used in serving on health-related curriculum committees.

   School nurses make significant contributions to health-related curricular areas such as science, social studies, and home economics. They should not be limited to "health education curriculum."

5. Competence in application of principles of growth and development to recognize variations within normal range and to identify deviations significant to the educational program.

   School nurses need a knowledge of all phases of growth and development to assure competence in differentiating individual variations within normal range from those which pose threats to the child's benefits from his educational program.

6. Ability to define and demonstrate the role of professional nursing in the school health program.

   Understanding of the legal definition, responsibilities, and liabilities of the professional nurse which will enable her to define the limits of nursing practice and explain the rationale of the

limits to non-nurse school personnel. The school nurse is the only nursing professional in the educational structure.

7. Ability to cooperatively develop with other professionals a comprehensive school health program coordinating school and community resources to effectively serve the health needs of the school population.

   The school personnel and the community work cooperatively. Through the school nurses' coordination, optimum utilization of community resources promotes health maintenance as a life time activity.

8. Ability to identify the health needs of pupils and understand the impact of family social, cultural, and emotional living patterns on efforts to cope with health and school problems.

   Understanding of diversity among families in communities and how to utilize the diversity in meeting the child's health needs. Also, to accept diversity in goals.

9. Ability to assist pupils, their families, and school personnel in recognizing potential and current health needs and developing plans for utilizing available resources for meeting these needs.

   Potential health needs result from practices which presently reveal no immediate threat but if continued can possibly damage the individual. Examples of this health hazard would be hearing loss resulting from continuous loud noise without ear protection; crash dieting with limited water intake which has precipitated fatal body fluid imbalance.

THEORY CONCEPTS OF NURSING

Statements taken from the Minnesota Nurses Association:

* Nursing can be said to be owned by society, in the sense the nursing's professional interest must be perceived as serving the interests of the larger whole of which it is a part.

* The nursing profession made and continues to make a contribution toward the evolution of a health-oriented system of care.

* Nursing is the diagnosis and treatment of human responses to actual or potential health problems.

* The nursing segment of health care has an external boundary that expands outward in response to changing needs, demands, and capacities of society.

## SUGGESTED APPROACH TO PROBLEM SOLVING
## NURSING INTERVENTIONS

The school nurse can easily apply the nursing process to many health problems she encounters in her daily practice. The nursing process is a problem-solving framework that includes:

| | | |
|---|---|---|
| D | data collection | subjective—what student thinks, says |
| | | objective—what is observed, reported, can be measured, compared to standards |
| A | assessment | what information does the student/family have regarding condition |
| | | impact of problem on student/family |
| | | what are strengths/areas of concern |
| | | what is result or response now |
| P | plan | what needs to be done, by whom, when, how |
| I | implementation | what is desired outcome |
| | | what behaviors can be measured |
| | | who will carry out plan |
| | | who else is involved |
| E | evaluation | were desired outcomes achieved |
| R | reassessment | is more information needed |
| | | did change occur |
| | | are priorities different |
| | | what needs to be changed |

NOTE: If not resolved, begin again with plan, implementation, etc.

Health counseling also follows the nursing process—collect data, interpret the nature and significance of the health problem, and formulate plan of action to solve problem.

The nursing process is carried out automatically in everyday situations, and, more formally, in more complex issues.

EXAMPLE:

| | |
|---|---|
| Problem: | abrasion |
| Data Collection: | student reports he fell on playground and skinned knee—it "burns" |
| | round area approximately two inches in diameter over (left) knee, abraded superficially |
| Assessment: | simple abrasion of superficial skin, no complaints of joint pain, no significant bleeding, full range of motion of (left) knee |
| Plan: | needs to be thoroughly cleansed with soap and water to promote healing, then covered with dry, sterile dressing to prevent infection |
| Implementation: | student will wash wound, nurse will check for adequate cleansing and will supervise student applying dressing, student to return in 24 hours for nurse to observe wound for sings of infection |
| Evaluation: | wound is clean and dry—no sign of infection, student verbalized understanding of proper care of simple abrasions to prevent infection, student repeated signs of infection to report |
| Reassessment: | student has needed information, wound healing satisfactorily |

RESOURCES

Dunn, J.L. (Sept. 1984). "A Nursing Care Plan for the Handicapped Student." Journal of School Health. pp. 302-305.

Gordon, M. (1985). Manual of Nursing Diagnosis 1984-85. McGraw-Hill Company.

Kim, McFarland, and McLane (1984). Nursing Diagnoses. C.V. Mosby Company.

Moorhouse, M., Doenges, M. (1985). Nurses' Pocket Guide: Nursing Diagnosis with Intervention. F.A. Davis Company, Philadelphia.

CHAPTER 6
NURSING PRACTICE FOR REGISTERED NURSES

590—6.1(152) Definitions.

6.1(1) Accountability. Accountability is being obligated to answer for one's acts, including the act of supervision.

6.1(10) Nursing diagnosis. Nursing diagnosis means to identify and use discriminatory judgment concerning physical and psychosocial signs and symptoms essential to determining effective nursing intervention.

6.1(12) Nursing process. Nursing process is assessment, planning, intervention and evaluation and is ongoing.

590—6.2(152) Minimum standards of nursing practice for registered nurses.

6.2(1) The registered nurse shall recognize and understand the legal implications within the scope of nursing practice. The scope of nursing practice considered to be minimum standards of nursing practice shall not be interpreted to include those practices currently ascribed to the advanced registered nurse practitioner.

6.2(2) The registered nurse shall utilize the nursing process in the practice of nursing, consistent with accepted and prevailing practice. The nursing process includes:

a. Nursing assessments about the health status of the patient/client. analysis of the data and formulation of a nursing diagnosis.

b. Planning of nursing care which includes determining goals and priorities for actions which are based on nursing diagnosis.

c. Nursing interventions implementing the plan of care.

d. Evaluation of patient/client status in relation to established goals and the plan of care.

e. Paragraphs "a" through "d" recurring throughout the nursing process.

6.2(3) The registered nurse shall conduct his/her nursing practice by respecting the rights of the patient/client.

6.2(4) The registered nurse shall conduct nursing practice by respecting the confidentiality of the patient/client, unless obligated to disclose under proper authorization or legal compulsion.

6.2(5) The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:

a. Performing or supervising those activities and functions which require the knowledge and skill level currently ascribed to the registered

nurse and seeking assistance when activities and functions are beyond the licensee's scope of preparation.

b. Assigning and supervising persons performing those activities or functions which do not require the knowledge and skill level currently ascribed to the registered nurse.

c. Supervising among other things includes any or all of the following:

(1) Personally observing a function or activity.

(2) Providing leadership in the assessment, planning, implementation and evaluation of nursing care.

(3) Delegating functions or activities while retaining accountability.

(4) Determining that nursing care being provided is adequate and delivered appropriately.

d. Executing the regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by a physician (e.g., medication not administered) is not carried out, based on the registered nurse's professional judgment, accountability shall include but need not be limited to the following:

(1) Timely notification to the physician who prescribed the medical regimen that the order(s) had not been executed and reason(s) for same.

(2) Documentation on the patient/client medical record that the physician has been notified and reason(s) for not executing the order(s).

Source: Iowa Administrative Code
Iowa Board of Nursing
3/13/85

## SUGGESTED MONTHLY/WEEKLY HEALTH ACTIVITIES

| | |
|---|---|
| January:<br>4th Wednesday | Birth Defects Prevention Month<br>School Nurse Day |
| February:<br>3rd week | American Heart Month<br>Health Education Week |
| March: | Red Cross Month<br>Safety Awareness |
| April: | Cancer Control Month<br>Nutrition Awareness |
| May: | Mental Health Awareness<br>Poison Control |
| September:<br>3rd week | National Sight Saving Month<br>National Rehabilitation Week |
| October: | Safety<br>Vision |
| November: | National Diabetes Month<br>National Epilepsy Month |
| December: | Health/Wellness Awareness |

SCHOOL NURSE MONTHLY/YEARLY REPORT

It is recommended that each school nurse submit a summary report of their activities to the school administration. This summary will include a complete listing of all the activities, screenings, developmental histories, health counseling, health education classes, etc., that the nurse was involved in during that school month or year. Because the outcomes of the school nursing services are long range and at times intangible, the nurse needs to demonstrate accountability and contributions to the educational program. Increased documentation will demonstrate their worth and cost effectiveness. The goal to meet the need for increased documentation can be accomplished by:

1. Constant planning and evaluation of school health programs.

2. Writing goals and objectives that are measurable, to plan, control, and evaluate the total program efforts.

3. Effective communication of outcomes.

SAMPLE

# Annual Report

Name _____

Date _____

School _____

Enrollment _____

1. Health Care _____
2. Student Counseling _____
3. Classroom Observations _____
4. Parent Contacts _____
5. Home Visits _____
6. Health Education Sessions _____
7. Conferences
   - A. School _____
   - B. Medical _____
   - C. Community Agencies _____
8. Staffings _____
9. Health Histories
   - A. Initial _____
   - B. Update _____
10. Immunization Law Contacts _____

11. Screenings

| | #Screened | #Referrals | Follow-up Contacts |
|---|---|---|---|
| Scoliosis | _____ | _____ | _____ |
| Communicable Diseases | _____ | _____ | _____ |
| Hearing | _____ | _____ | _____ |
| Vision | _____ | _____ | _____ |
| Heights, Weights | _____ | _____ | _____ |
| Health Appraisals | _____ | _____ | _____ |
| Dental | _____ | _____ | _____ |

12. Medical Reports _____
13. Child Abuse Reports _____
14. Student Accidents _____
15. Medications _____
16. School Personnel
    - A. Physicals _____
    - B. Accidents _____
    - C. Counseling _____
17. Environment Health and Safety _____
18. Meetings _____

SAMPLE

# HEALTH SERVICES

## HEALTH CARE AND COUNSELING

A. Health Care
   1. First Aid
   2. Cot
   3. Exclusion
   4. P.E. Excuse
   5. Appointment Excuse
   6. Readmission
   7. Ad infinitum

B. Student Counseling

C. Parent Contact

D. Home Visit

E. Health History
   1. Initial
   2. Update

F. School Personnel
   1. Physical
   2. Accident
   3. Counseling

## ADMINISTRATIVE

A. Medical Report

B. Child Abuse Report

C. Student Accident

D. Immunization Law

E. Communicable Disease

F. Medication

G. Meeting

## EDUCATIONAL SERVICES

A. Classroom Observation

B. Health Education Session

C. Conference
   1. School
   2. Medical
   3. Community Agency

D. Staffing

E. Environmental Health and Safety

# SCHOOL NURSE EVALUATION FORM

| | |
|---|---|
| *O = Outstanding | Performance as observed is consistently exceptional and is worthy of special recognition. |
| C = Competent | Performance as observed is professionally competent and meets expectations of HISD. |
| N = Needs Improvement | Performance as observed indicates a need for continued growth and improvement is expected. |
| *U = Unacceptable | Performance as observed does not meet standards of school district and improvement is mandatory |

*Comments must be recorded

| | O | C | N | U | Comments |
|---|---|---|---|---|---|
| 1.00 Personal-Professional Characteristics | | | | | |
| 1.01 Fulfills professional role expectations with minimal personal interest/family conflict. | | | | | |
| 1.02 Reflects professional leadership abilities in responsible self directed goal setting, decision making, and action taking activities. | | | | | |
| 1.03 Exercises professional judgment in absences from work. | | | | | |
| 1.04 Participates in self-directed continuing learning activities in acquiring new skills and knowledge for upgrading school nursing. | | | | | |
| 2.00 Health Clinic Management | | | | | |
| 2.01 Maintains a safe, orderly, and attractive work area with appropriate emotional and physical environment. | | | | | |
| 2.02 Develops a program that assures safe and ongoing emergency health care. | | | | | |
| 2.03 Anticipates supply and equipment needs for maintaining and continuous school health program. | | | | | |
| 2.04 Develops a complete and functioning health program through maximum utilization of existing facilities. | | | | | |

| | O | C | N | U | Comments |
|---|---|---|---|---|---|
| 2.05 Plans for communication with principals and faculties to provide a health program with minimal interruption to total building schedule. | | | | | |
| 2.06 Maintains accurate and current health information on all students to insure the timely management of incoming and outgoing records and reports. | | | | | |
| 2.07 Initiates referrals and follow-up relevant to the unmet health needs. | | | | | |
| 2.08 Makes appropriate distribution of health information to facilitate recommended changes in academic schedules. | | | | | |
| 3.00 Interacting with Students | | | | | |
| 3.01 Provides opportunities for developing self-evaluation skills which aid the student in setting realistic goals and understanding himself, his strengths, and his limitations. | | | | | |
| 3.02 Assists the student in accepting responsibility for his actions. | | | | | |
| 3.03 Demonstrates respect for students by showing tolerance for students whose ideas differ; using supportive criticism rather than blame, shame, or sarcasm; encouraging students to respect the rights of others; being fair, impartial and objective in the treatment of students. | | | | | |
| 3.04 Provides opportunities for all students to experience success by recognizing the special needs of students. | | | | | |
| 3.05 Utilizes appropriate district services available to benefit the student. | | | | | |
| 3.06 Sets an example of, and encourages, socially acceptable behavior. | | | | | |
| 3.07 Maintains an atmosphere conducive to freedom of thought and expression and shows respect for pupil opinions and suggestions. | | | | | |
| 3.08 Readily available to students for counseling and individual help. | | | | | |

| | O | C | N | U | Comments |
|---|---|---|---|---|---|
| 4.00 Professional Attitude and Conduct | | | | | |
| 4.01 Shows an honest, caring attitude that invites student trust. | | | | | |
| 4.02 Demonstrates the ability to see student as a total person rather than a physical, educational, or social problem. | | | | | |
| 4.03 Uses resourcefulness and skill in helping students with health maintenance needs and with management of health problems. | | | | | |
| 4.04 Respects the need to treat personal health problems as a very private affair. | | | | | |
| 5.00 Skills and Knowledge | | | | | |
| 5.01 Demonstrates knowledge and skills in health appraisal techniques. | | | | | |
| 5.02 Utilizes appropriate resources within the community to promote delivery of health care services. | | | | | |
| 5.03 Serves as a leader in school community activities for communicable disease control, preschool health screening, health room volunteer services, etc. | | | | | |
| 5.04 Demonstrates a sensitivity to students' need to be heard as well as helped by health counseling. | | | | | |
| 5.05 Interprets and uses health information with good judgment. | | | | | |
| 5.06 Helps students and parents in exploring alternate approaches to meeting health care needs. | | | | | |
| 5.07 Provides a helping relationship with individuals or families in crises intervention. | | | | | |
| 5.08 Participates in teacher-nurse-family conferences at appropriate times to consider the physical, emotional, and social health of each child. | | | | | |
| 6.00 Health Education Skills | | | | | |
| 6.01 Uses health services activities as a vehicle for direct and indirect health teaching. | | | | | |
| 6.02 Serves as a resource person to the school staff in special areas of expertise. | | | | | |
| 6.03 Involves appropriate resource persons from the health-medical community in the educational process. | | | | | |

| | O | C | N | U | Comments |
|---|---|---|---|---|---|
| 6.04 Provide learning experiences to equip students to make constructive decisions regarding health behavior. | | | | | |
| 6.05 Serves as an extension to career education efforts through participation in the area of health career guidance. | | | | | |
| 7.00 Interacting with Parents and Community | | | | | |
| 7.01 Contributes to establishing and maintaining a positive school-community relationship. | | | | | |
| 7.02 Participates in an active role with health, welfare, and community activities. | | | | | |
| 7.03 Conducts the school health program in a manner that elicits positive support from students, parents, school, and community. | | | | | |
| 7.04 Communicates an interest in community health through creative participation. | | | | | |
| 7.05 Recognizes that the parent is an extension of the school health program and invites parental involvement in planning health care. | | | | | |
| 8.00 Appearance and Health | | | | | |
| 8.01 Keeps grooming and personal attire appropriate to professional health services practice. | | | | | |
| 8.02 Increases the positive image of school health programs through the practice of good health habits. | | | | | |
| 8.03 Maintains stability and poise in student, parent, and peer group relationships. | | | | | |
| 8.04 Demonstrates enthusiasm and vitality in the performance of duties. | | | | | |

Source: School Nurse Handbook
Texas Education Agency

SAMPLE #2

SCHOOL NURSE EVALUATION FORM

Rating Scale for Evaluation:

| Unacceptable | Acceptable | Outstanding |
|---|---|---|
| 0 35 36 | 61 62 | 81 |

0-36: Unacceptable
36-61: Acceptable
62-81: Outstanding

Breakdown of Areas of School Nurse Competencies
And Value for Each Performance Descriptor:

| Area of School Nurse Competence | Unacceptable Competencies Performed | Acceptable Competencies Performed | Outstanding Competencies Performed |
|---|---|---|---|
| #1 | 1-8 | 9-11 | 12-13 |
| #2 | 1-10 | 11-14 | 15-17 |
| #3 | 1-3 | 4-5 | 6-7 |
| #4 | 1 | 2-4 | 5-6 |
| #5 | 1-4 | 5-7 | 8-10 |
| #6 | 1-4 | 5-7 | 8-9 |
| #7 | 1-2 | 3-5 | 6-7 |
| #8 | 1 | 2 | 3-4 |
| #9 | 1 | 2-3 | 4 |
| #10 | 1 | 2-3 | 4 |

SCHOOL NURSE EVALUATION FORM

#1: Responsibility to School Staff

The school nurse is an essential member of the professional staff employed to assist in the implementation of the basic goals of education. As a professional staff member, the nurse:

* Implements the school health program and practices in accordance with the school district's philosophy of education.
* Adapts the guidelines, as stated in the district's school nurse policy and procedure book, to the needs of the students, staff, and community.
* Serves as a contributing member on a committee to establish or revise school districts policies.
* Implements and is knowledgeable of applicable state and county school laws, regulations, and recommendations.
* Discusses school health legal provisions with the school principal.
* Establishes a channel to communicate health trends and problems to the school principal and faculty.
* Keeps abreast of current developments within total school district program.
* Explains to parents the school and district educational philosophy.
* Actively participates in faculty meetings and serves on faculty committees.
* Regularly attends parent-teacher association meetings and participates in activities.
* Establishes an effective relationship with all school personnel.
* Submits reports to the appropriate personnel on time.
* Creates a climate which encourages staff members to seek the nurse's counsel.

#2: Health Appraisal

Health appraisal is the sum total of all diagnoses and observations made concerning the health status of the school child. The school nurse:

* Plans and implements health assessment and screening programs with assistance from school personnel and parent groups.
* Sets priorities as to which students will be appraised.
* Schedules the frequency of health assessments necessary for the school.
* Conducts screening programs such as: communicable disease, vision, dental, scoliosis, hypertension, other.
* Provides information to parents and school personnel that will assist with evaluation of student's health needs.
* Records data form health assessment, screening programs, corrections, and follow-up procedures on forms approved for use in the school.

* Utilizes information gathered from the health assessment and screening programs to: identify health problems; interpret rules and regulations in regard to conditions under which students are excluded and readmitted to school; and serve as a resource for health education curricula.
* Assists parents in obtaining professional services for children needing corrections.
* Interprets and/or reinforces through counseling procedures with student and parent, the physician's findings and recommendations.
* Utilizes community, state, and national resources in referral of health problems.
* Develops and utilizes a variety of instruments suitable for review by the nurse, student, teacher, and parent as follows: observation, interviews and conferences, questionnaires, checklists, surveys, records, reports, and tests.
* Records corrections, notes on referrals, health counseling, and follow-up procedures.
* Files all health records to be available for future use.
* Submits reports of health assessment and screening programs to supervisory staff and principal.
* Reviews states aims and objectives of the health appraisal and screening program to determine if these have been accomplished.
* Revises as needed the current health assessment and screening program.

#3: Health Counseling:

Health counseling is an essential part of school nursing services. The school nurse:

* Establishes and implements methods of identifying students and families who need health counseling.
* Plans and schedules health counseling sessions for individuals and groups.
* Utilizes each opportunity to do circumstance-oriented health counseling.
* Obtains all information from appropriate personnel and resources prior to health counseling sessions.
* Informs appropriate personnel of counseling progress.
* Utilizes all appropriate school and community services to effect necessary behavioral change of students and families.
* Periodically reviews the progress of counseling.

#4: Special Education Program:

The school nurse's specialized knowledge enables the nurse to assist in planning educational services appropriate for students whose physical, mental, and social deviations have educationally significant dimensions. The school nurse:

* Assists teachers in identifying candidates for possible placement in special programs.

* Follows school district procedures to secure all necessary data needed for evaluation of candidates for admission or dismissal.
* Conveys the philosophy of special education to students and parents during health counseling sessions.
* Participates in re-evaluation of students in special education each year.
* Recommends modification in the health education program to the special education teachers to meet the needs of the students.
* Conducts inservice education programs indicated by the number and types of referrals form the school personnel.

#5: Communicable Disease Prevention and Control:

The school nurse holds the primary responsibility for implementing the control of communicable disease in the school for the protection of all students and school personnel, in compliance with the rules and regulations established by the local and state health departments. The school nurse:

* Maintains and monitors students' immunization records to ensure compliance with communicable disease laws, regulations, and policies of the State and local school districts.
* Interprets these laws, regulations, and policies to the parents and students.
* Cooperates with local health department in conducting communicable disease control program.
* Assists teachers in developing a unit on communicable disease.
* Makes specific recommendations to appropriate persons, i.e., possible need for tetanus booster following injury.
* Assists in enforcing policies for the control of communicable disease for students and school personnel by: exclusion, readmission, classroom inspection when necessary, and reporting to health department if necessary.
* Communicates with faculty regarding current communicable disease problems.
* Plans, organizes, and assists with the control programs when necessary.
* Supervises the reporting of all animal bites to the appropriate official agency.
* Identifies signs and symptoms of communicable diseases present in the community.

#6: Environmental Health and Accident Prevention:

The school nurse is the key person in ascertaining problem areas and channeling information to the appropriate authority for evaluation and corrective action. The school nurse:

* Inspects school plant at periodic intervals for environmental health problems and reports such problems to the appropriate person.

* Complies with first aid guidelines when administering first aid and emergency care.
* Attends periodic first aid refresher courses.
* Provides first aid supplies.
* Plans with the building administrator for emergency care.
* Provides emergency care instruction to school personnel.
* Reports accidents to appropriate personnel for corrective action.
* Analyzes the compiled statistical reports to determine causes and location of accidents.
* Initiates safety programs: as results of above reports, and preventive.

#7: Health Education:

Health education includes all information relating to health in the home, school, and community. Functional health education must be more than a subject in the curriculum. It must be action-centered and behavior-changing if it is to serve the needs of students. It is impossible to separate health education from health services. The school nurse is involved in instruction as a health specialist. The school nurse often:

* Serves on a curriculum development committee as a health specialist.
* Accepts invitations from teachers to participate in classroom activities as a health resource person for a variety of topics.
* Disseminates current and scientifically accurate health education materials and information to teachers.
* Compiles profile of current school and community health problems to be used in determining health curriculum content.
* Reviews with appropriate personnel current publications and other media being considered for use in the curriculum.
* Serves as resource speaker and consultant at PTA, parent education meetings, discussion groups in special interest areas, and preschool orientation.
* Utilizes opportunities to informally share with parents health information which will effect positive attitudes and behavior.

#8: School-Community Health Program:

The school nurse should exercise leadership in assuring that the school health program is an integral part of the community health program. The school nurse:

* Promotes communication between the community health professionals and the school.
* Maintains current files of community resources.
* Utilizes the services of health or community agencies.
* Participates in the implementation of community health programs.

#9: School Nursing Service Evaluation Program:

Program evaluation should be designed to reveal both strengths and weaknesses in the school nursing service program. It should reveal existing opportunities for more effective procedures and practices; and it should provide data which can be used to revise specific objectives, improve methods and materials, and develop new learning experiences. The school nurse:

* Compiles and analyzes school health department records, reports, and statistical information at least twice yearly.
* Plans and implements action (projects) research as needed to improve the school nurse service program.
* Reviews published research and applies findings if appropriate.
* Conducts self-evaluation yearly using a professionally prepared instrument.

#10: Responsibility to the Profession:

School nursing is unique in that it requires skills and knowledge derived form two professions, nursing and education. The school nurse serves as a faculty member with the same obligations as other teachers to participate in activities of the education profession. The school nurse:

* Joins and participates in activities of school nurse and teacher professional organizations.
* Sustains current health knowledge and trends by reading professional literature and attending lectures of workshops.
* Attends and participates in school and community activities.
* Informs students regarding career opportunities in health professions at the end of each unit of health.

Source: School Nurse Handbook
Texas Education Agency

RESOURCES

Evaluation Guide for School Nursing Practice
NASN, Inc.
Lamplighter Lane
P.O. Box 1300
Scarborough, ME 04704
207/883-2117

670—70.20(11) School nurse.

a. Authorization. The holder of this endorsement is authorized to provide service as a school nurse at the prekindergarten and kindergarten levels and in grades one through twelve.

b. Program requirements.

(1) Degree—baccalaureate.

(2) Completion of an approved human relations program.

(3) Completion of the professional education core. See 70.19(3).

(4) Content:

1. Organization and administration of school nurse services including the appraisal of the health needs of children and youth.

2. School-community relationships and resources/coordination of school and community resources to serve the health needs of children and youth.

3. Knowledge and understanding of the health needs of exceptional children.

4. Health education.

c. Other. Hold a license as a registered nurse issued by the board of nursing.

Note: Although the school nurse endorsement does not authorize general classroom teaching, it does authorize the holder to teach health at all grade levels.

continued

670—70.19(3) Professional education core: completed course work or evidence of competency in:

a. Structure of American education.

b. Philosophies of education.

c. Professional ethics and legal responsibilities.

d. Psychology of teaching.

e. Audiovisual/media/computer technology.

f. Evaluation techniques.

g. Human growth and development related to the grade level endorsement desired.

h. Exceptional learner (the program must include preparation that contributes to the education of the handicapped and the gifted and talented).

i. Classroom management with an emphasis related to the grade level endorsement desired.

j. Instructional planning and strategies for teaching related to the grade level endorsement desired.

k. Curriculum organization, development with an emphasis on the subject and grade level endorsement desired.

l. Completion of prestudent teaching field-based experiences.

m. Methods of teaching with an emphasis on the subject and grade level endorsement desired.

n. Student teaching in the subject area and grade level endorsement desired.

Source: Teacher Education and Certification
Department of Education
10/88

## STATUS OF SCHOOL NURSE CERTIFICATION IN THE U.S.

State law governs the certification of teachers and other school personnel. The state education agency is responsible for the credentialing of these personnel. The certification criteria established, both in the area of education requirements and school personnel who may be certified, varies from state to state.

Twenty-seven states certify school nurses at the B.S. level:

— 13 states allow multi-level or provisional cerfication leading to a B.S.

— 14 states certify school nurses at the B.S. level only

Ten states certify school nurses at the R.N. level:

— 4 states require additional college credit hours

— 3 states require additional experience

— 3 states require R.N. only

Thirteen states do not certify school nurses.

## PROFESSIONAL ORGANIZATIONS

INA—Iowa Nurses Association. Contact INA, 215 Shops Building, Des Moines, IA 50309

ISNO—Iowa School Nurse Organization. For those unaware of a support group for school nurses in Iowa, this organization provides peer support, professional leadership, and continuing education activities. Contact Sandra Hansen, Hampton Community Schools, Hampton, IA 50441.

NASN—National Association of School Nurses. Here is a valuable opportunity to learn about school nursing at the national level. Contact NASN, Lamplighter Lane P.O. Box 1300, Scarborough, Maine 04704 (207)883-2117.

ASHA—American School Health Association. Did you know that for the past year, the president was a school nurse consultant? Membership in this national organization includes school nurses, consultants, physicians, educators, and others who are involved in school health. Contact ASHA, P. O. Box 708, JSH-1, Kent, OH 44240.

IOWA SCHOOL HEALTH SURVEY

Results

Questionnaires were mailed to school nurses employed by public and nonpublic school districts. Of the questionnaires sent to Iowa school nurses, 25 experienced nurses, and 7 new nurses did not return the survey form. Therefore, the response rate was excellent and provides an overall picture of the school nursing role and activities in Iowa.

As data about school nurses in other states becomes available, I will share the information with you.

IOWA SCHOOL HEALTH SURVEY

Results

Number of Respondents = 466

1. TITLE

| | | |
|---|---|---|
| A. | 421 | School Nurse |
| B. | 10 | Health Director/Coordinator |
| C. | 36 | Head School Nurse |

2. POSITION RESPONSIBILITIES

| | | |
|---|---|---|
| A. | 465 | Student's Health |
| B. | 389 | School Personnel Health |
| C. | 85 | Classroom Teaching |
| D. | 440 | Health Resource to Classroom |

3. CERTIFIED

| | | |
|---|---|---|
| A. | 74 | School Nurse Certificate |
| B. | 20 | Iowa Teaching Certificate |

4. YOUR POSITION IS

| | | |
|---|---|---|
| A. | 259 | Full-Time (39+ hours) |
| B. | 207 | Part Time: Range: 1-30 hours per week<br>Average: 11 hours per week |

5. TOTAL NUMBER OF STUDENTS SERVED

| | | |
|---|---|---|
| A. | 47 | 300 or less |
| B. | 178 | 301-799 |
| C. | 136 | 800-1199 |
| D. | 114 | 1200 or more |

6. NAME OF LOCATION IN BUILDING

| | | |
|---|---|---|
| A. | 443 | School Nurse Office |
| B. | 13 | Health Room |
| C. | 12 | School Secretary's Desk |
| D. | 12 | Other |

9/85

7. BASIC NURSING EDUCATION

| | | |
|---|---|---|
| A. | 75 | BSN |
| B. | 33 | ADN |
| C. | 370 | Diploma |

8. ADVANCED NURSING PREPARATION

| | | |
|---|---|---|
| A. | 1 | MA/MS in Nursing |
| B. | 17 | Masters, Other |
| C. | 19 | BSN |
| D. | 45 | BS/BA |
| E. | 5 | Nursing Practitioner |
| | 4 | School Nurse |
| | 1 | Pediatric |
| | 2 | ANA Certification |

9. TOTAL YEARS AS A SCHOOL NURSE

A. Range: 1-36 years
Average: 11 years
5,145 total years combined

21

# APPENDICIES

INFORMS
Iowa Department of Public Instruction

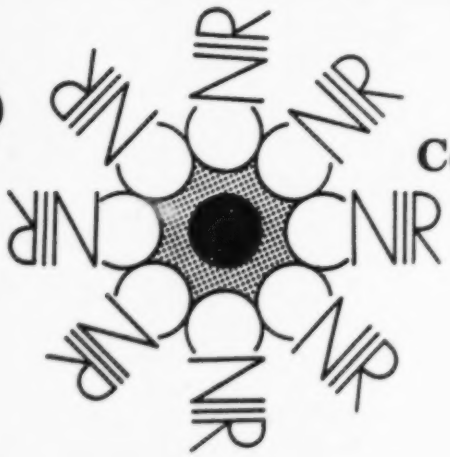
INFORMS is an acronym representing the Iowa Network for Obtaining Resource Materials for Schools and is known as Iowa's information-dissemination center. INFORMS is an operational network serving school personnel and administrators in local school districts, Area Education Agency personnel, Department of Public Instruction, and other state agency personnel.

The primary goal of INFORMS has been to improve decision-making of school personnel and administrators at the classroom level by providing them with up-to-date information on educational methods, curriculum development, and medical informatin. This is accomplished by assembling and disseminating relevant information on requested topics. Information is then compiled into packets and sent to the requestor via field representatives located in each of the 15 Area Education Agencies.

| | | |
|---|---|---|
| AEA 1 | Mike Hayford | Elkader, Iowa |
| AEA 2 | Dianne Woodard | Clear Lake, Iowa |
| AEA 3 | Jacqueline Campney | Cylinder, Iowa |
| AEA 4 | Rebecca Noteboom | Sioux Center, Iowa |
| AEA 5 | Dean McGrew | Fort Dodge, Iowa |
| AEA 6 | Mary Travillian | Marshalltown, Iowa |
| AEA 7 | Wanda Farrell | Cedar Falls, Iowa |
| AEA 9 | Lois Harker | Bettendorf, Iowa |
| AEA 10 | Margaret White | Cedar Rapids, Iowa |
| AEA 11 | Susan Schrader | Ankeny, Iowa |
| AEA 12 | Barbara Jones | Sioux City, Iowa |
| AEA 13 | Ron Enger | Council Bluffs, Iowa |
| AEA 14 | Jean Chapman | Creston, Iowa |
| AEA 15 | Garnet Brandt | Ottumwa, Iowa |
| AEA 16 | Linda Fischer | Burlington, Iowa |

If INFORMS can be of help to you by providing research information that would help you in your planning during the coming months, inservice workshops for teachers, specific learning problems with the classroom, please contact your AEA Field Representative or Mary Jo Bruett, Iowa Department of Public Instruction, 515/281-5286.

NOTE: Due to staff limitations, INFORMS cannot provide services to all those working on classwork or writing term papers.




# COOPERATIVE NETWORK INSERVICE RESOURCES

210 South 12th Avenue
Marshalltown, IA 50158
800-542-7821

| | |
|---|---|
| WHAT IS CNIR? | -Cooperative Network of Inservice Resources<br>-A source of films and multi-media items for groups, INSERVICE PROGRAMS or INDIVIDUAL PROFESSIONAL GROWTH<br>-A cooperative project of your Area Education Agency and the Department of Public Instruction |
| WHO MAY USE CNIR? | -Iowa educators (K-12, participating AEA's and the DPI) |
| WHAT IS AVAILABLE? | -Approximately 1,500 audiovisual items - FILMS, FILMSTRIPS, VIDEOTAPES, KITS, TAPE CASSETTES, SLIDES<br>-A catalog is available in each school and AEA media center |
| HOW ARE MATERIALS ORDERED? | -CALL US TOLL FREE at 1-800-542-7821 for immediate handling of your questions about availability and for consultant assistance (Consultant is available from 1:00 to 5:00 p.m. Monday through Friday during the school year) |
| TO ASSURE FAST SERVICE | -When you call...we need to know which AEA serves you, your name, your school mailing address, the number and the title of the item you want and the date you want to use the item. |
| LOAN PERIOD | -Ten days, which includes mailing time both ways. Any item can be renewed, IF not already promised to another client. You MUST call the CNIR office to verify renewals. |
| WHAT IS THE COST? | -CNIR services and materials are available to you because your Area Education Agency contracts and pays for your service. Your only cost is postage to mail the materials back to CNIR (Library Rate-Special Handling) |
| CNIR WHO'S WHO | -Mardi Cole, Consultant<br>-Mary Travillian, Director |

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## HAVE A HEALTH QUESTION?

Answers are available! And it may be an organization—a government agency, a professional society, a voluntary association—that has the answer you need. There are hundreds of health-related groups to which you can turn for information, some of it unpublished, much of it hard to find elsewhere.

## ASK THE OHIC!

Helping people with health questions find organizations with answers is the purpose of the ODPHP Health Information Center (OHIC). Both professionals and members of the general public can use the OHIC, a service of the Office of Disease Prevention and Health Promotion (ODPHP) in the Public Health Service. The ODPHP instituted this service in 1979 in response to Title XII of the Public Health Service Act (the National Consumer Health Information and Promotion Act of 1976, PL 94-317, as amended).

## HOW TO CONTACT THE OHIC

**WRITE:** ODPHP Health Information Center
PO Box 1133
Washington, DC 20013-1133

**CALL:** (800) 336-4797 (toll-free)

**The OHIC has three main objectives:**

- To identify health information resources
- To channel requests for information to these resources
- To develop publications providing information on health-related topics of widespread interest

## OHIC INFORMATION AND REFERRAL: HOW DOES IT WORK?

When you call or write the OHIC, a Referral Specialist searches the OHIC database to match your question with the organization or organizations that can best respond to it. You will be put in touch with those groups that are most likely to have the information you need.

A special component of the OHIC, the National Information Center for Orphan Drugs and Rare Diseases (NICODARD), responds to inquiries on rare diseases (those with a prevalence in the United States of 200,000 or fewer cases), and orphan drugs (medicines not widely researched or available). The NICODARD, also a service of the ODPHP, is sponsored by the Food and Drug Administration.

The OHIC staff can help locate information on specific diseases, health statistics, health education materials, health promotion programs, nutrition, exercise, and many other general health topics. The staff cannot diagnose disease, recommend health care providers, or perform indepth research.

## WHAT ELSE DOES THE OHIC DO?

The OHIC maintains a database, publications program, and library.

*Database.* The OHIC's database contains descriptions of diverse health-related groups: Federal and State agencies, voluntary associations, self-help and support groups, trade associations, professional societies. What these groups have in common is the ability and willingness to provide health professionals or the public with health information. This database of organizations is accessible to the public through CIRLINE, part of the National [illegible] MEDLARS system.

*Publications.* The OHIC produces directories, resource guides, [illegible] on a variety of topics, and disseminates many [illegible] publications. Write or call for a publications list. Publications issued by the OHIC include:

- [illegible]. A series of resource lists on [illegible].
- Health Information Resources in the Federal Government. A directory of Federal health agencies, information centers, and clearinghouses, with descriptions and contact information.
- Staying Healthy: A Bibliography of Health Promotion Materials. An annotated list of pamphlets, manuals, posters, and audiovisuals produced by the Department of Health and Human Services.

*Library.* The OHIC library supports the information and referral services and database development. Medical and health reference books, directories, and books on health promotion make up the core of the collection. Files on over 300 health topics and a collection of periodicals also provide current information to the OHIC staff and users. The library is open to the public.



BEST COPY AVAILABLE

BOOKS

RESOURCES

American Academy of Pediatrics, (1977). School Health: A Guide for Health Professionals. American Academy of Pediatrics, P.O. Box 1034, Evanston, IL 60204 ($5.00).

Barnard and Erickson, (1976). Teaching Children With Developmental Problems (A Family Care Approach), 2nd Editin, C.V. Mosby, St. Louis ($6.95).

Brandt, Chinn, Hunt, and Smith (1978). Current Practice in Pediatric Nursing, C.V. Mosby, St. Louis ($7.50).

Brunner and Suddarth (1978). The Lippincott Manual of Nursing Practice, 2nd Edition, J.B. Lippincott Company, Philadelphia or New York ($23.95).

Carini and Owens (1978). Neorological and Neurosurgical Nursing, 7th Edition, C.V. Mosby, St. Louis ($15.95).

Chinn (1974). Child Health Maintenance: Concepts in Family-Centered Care, C.V. Mosby, St. Louis ($14.95).

Cinn, Drew, and Logan (1975). Mental Retardation (A life cycle approach), C.V. Mosby, St. Louis ($14.40).

Jobe (1977). Screening Vision in Schools, International Reading Association, 800 Barksdale Road, Neward, DE, 19711 ($3.75).

Johnston and Magrab (1976). Developmental Disorders (Assessment, Treatment, Education), University Park Press, Baltimore ($14.95).

Krajicek and Tearney (1977). Detection of Developmental Problems in Children, John F. Kennedy Child Development Center, University of Colorado Medical Center, University Park Press, Baltimore ($6.95).

Larson and Gould (1978). Orthopedic Nursing, 9th Edition, C.V. Mosby Company ($13.50).

Mahoney, Verdisco, and Shortridge (1976). How to Collect and Record a Health History, Lippincott, New York, Philadelphia ($3.95).

Malasanos, Barkauskas, Moss, Stoltenberg-Allen (1977). Health Assessment, C.V. Mosby, St. Louis ($19.95).

Marlow (1977). Textbook of Pediatric Nursing, W.B. Saunders, Philadelphia ($16.95).

O'Neil, McLaughlin, and Knapp (1977). Behavioral Approaches to Children with Developmental Delays, C.V. Mosby ($6.95).

Smith and Wilson (1973). The Child with Down's Syndrome, W.B. Saunders, Philadelphia ($5.95).

Thompson, Miller, and Bigler (1975). Sociology: Nurses and their patients in a modern society, 9th Edition, C.V. Mosby ($7.95).

Vaughan and McKay (1975). Nelson Textbook of Pediatrics, 10th Edition. W.B. Saunders, Philadelphia ($34.75).

Waechter and Blake (1976). Nursing Care of Children, 9th Edition. J.B. Lippincott Company ($17.95).

Whaley (1974). Understanding Inherited Disorders, C.V. Mosby Company, St. Louis ($11.95).

## INTRODUCTION

The resources listed on the following pages have been compiled during 1985. In order to maintain a current list, please contact me if errors are found or the listing is no longer appropriate. Also contact me if you wish to share resources that you have found helpful in your practice and are not listed in this manual.

Vicki A. Schnetter, M.S., R.N.
Consultant, School Health Services
Department of Education
Grimes State Office Building
Des Moines, IA 50319
515/281-6038

This Appendix is the appropriate placement for the resources listed in future issues of the School Health Services Newsletter.

National Health Information Clearinghouse HEALTHFINDER

A service of the Office of Disease Prevention and Health Promotion, Public Health Service, U.S. Department of Health and Human Services

# SELECTED FEDERAL HEALTH INFORMATION CLEARINGHOUSES AND INFORMATION CENTERS

The Federal Government operates a number of clearinghouses and information centers, most of which focus on a particular topic, such as drug abuse or high blood pressure. Their services vary but may include publications, referrals, or answers to consumer inquiries. Those listed below are arranged in alphabetical order by keyword, which is the term or terms appearing in bold type.

NATIONAL CLEARINGHOUSE FOR **ALCOHOL** INFORMATION, P.O. Box 2345, Rockville, MD 20852; (301)468-2600. Gathers and disseminates current information on alcohol-related subjects. Responds to requests from the public, as well as from health professionals. Distributes a variety of publications on alcohol abuse.

**ARTHRITIS** INFORMATION CLEARINGHOUSE, P.O. Box 9782, Arlington, VA 22209; (703)558-8250. Identifies materials concerned with arthritis and related musculoskeletal diseases and serves as an information exchange for individuals and organizations involved in public, professional, and patient education. Refers personal requests from patients to the Arthritis Foundation.

NATIONAL LIBRARY SERVICE FOR THE **BLIND AND PHYSICALLY HANDICAPPED,** Library of Congress, Washington, DC 20522; (202)287-5100 (in D.C.); (800)424-8567. Works through local and regional libraries to provide free library service to persons unable to read or use standard printed materials because of visual or physical impairment. Provides information on blindness and physical handicaps on request. A list of participating libraries is available.

**CANCER** INFORMATION CLEARINGHOUSE, National Cancer Institute, Office of Cancer Communications, Building 31, Room 10A-18, 9000 Rockville Pike, Bethesda, MD 20205; (301)496-4070. Collects information on public and patient cancer education materials and disseminates it to organizations and health care professionals.

OFFICE OF **CANCER** COMMUNICATIONS, National Cancer Institute, Cancer Information Service, Building 31, Room 10A-18, 9000 Rockville Pike, Bethesda, MD 20205; (301)496-5583; (800)4-CANCER. Answers requests for cancer information from patients and the general public. The National Cancer Institute sponsors a toll-free telephone number to supply cancer information to the general public.

CLEARINGHOUSE ON **CHILD ABUSE AND NEGLECT** INFORMATION, P.O. Box 1182, Washington, DC 20013; (301)251-5157. Collects, processes, and disseminates information on child abuse and neglect. Responds to requests from the general public and professionals.

**CONSUMER** INFORMATION CENTER, Pueblo, CO 81009. Distributes consumer publications on topics such as children, food and nutrition, health, exercise, and weight control. The *Consumer Information Catalog* is available free from the Center and must be used to identify publications being requested.

NATIONAL **DIABETES** INFORMATION CLEARINGHOUSE, Box: NDIC, Bethesda, MD 20205; (301)468-2162. Collects and disseminates information on patient education materials and coordinates the development of materials and programs for diabetes education.

NATIONAL **DIGESTIVE DISEASES** EDUCATION AND INFORMATION CLEARINGHOUSE, 1555 Wilson Boulevard, Suite 600, Rosslyn, VA 22209; (301)496-9707. Provides information on digestive diseases to health professionals and consumers.

NATIONAL CLEARINGHOUSE FOR **DRUG ABUSE** INFORMATION, P.O. Box 416, Kensington, MD 20795; (301)443-6500. Collects and disseminates information on drug abuse. Produces informational materials on drugs, drug abuse, and prevention. Provides information to both consumers and health professionals.

**ENVIRONMENTAL PROTECTION** AGENCY, Public Information Center, Room PM 211-B, 401 M Street SW., Washington, DC 20460; (202)829-3535. Public information materials on such topics as hazardous wastes, the school asbestos project, air and water pollution, pesticides, and drinking water are available. Offers information on the agency and its programs and activities.

NATIONAL CLEARINGHOUSE FOR **FAMILY PLANNING** INFORMATION, P.O. Box 2225, Rockville, MD 20852; (301)251-5153. Collects family planning materials, makes referrals to other information centers, and distributes and produces materials. Primary audience is federally funded family planning clinics.

**FOOD AND DRUG** ADMINISTRATION, Office of Consumer Affairs, 5600 Fishers Lane, Rockville, MD 20857; (301)443-3170. Answers consumer inquiries and serves as a clearinghouse for its consumer publications.

**FOOD AND NUTRITION** INFORMATION CENTER, National Agricultural Library Building, Room 304, Beltsville, MD 20705; (301)344-3719. Serves the information needs of professionals interested in nutrition education, food service management, and food technology. Acquires and lends books, journal articles, and audiovisual materials dealing with these areas of concern.

CLEARINGHOUSE ON THE **HANDICAPPED,** Switzer Building, Room 3119, 330 C Street SW., Washington, DC 20201; (202)245-0080. Responds to inquiries by referral to organizations that supply information to and about handicapped individuals.

NATIONAL INFORMATION CENTER FOR **HANDICAPPED CHILDREN AND YOUTH,** P.O. Box 1492, Washington, DC 20013. Helps parents of handicapped children, disabled adults, and professionals locate services for the handicapped and information on disabling conditions.

**CLEARINGHOUSE ON HEALTH INDEXES,** National Center for Health Statistics, Division of Epidemiology and Health Promotion, 3700 East-West Highway, Room 2-27, Hyattsville, MD 20782; (301)436-7035. Provides informational assistance in the development of health measures for health researchers, administrators, and planners.

**NATIONAL HEALTH INFORMATION CLEARINGHOUSE,** P.O. Box 1133, Washington, DC 20013-1133; (703)522-2590 (in Virginia); (800)336-4797. Helps the public locate health information through identification of health information resources and an inquiry and referral system. Health questions are referred to appropriate health resources that in turn respond directly to inquirers.

CENTER FOR **HEALTH PROMOTION AND EDUCATION,** Centers for Disease Control, Building 1 South, Room SSB249, 1600 Clifton Road NE., Atlanta, GA 30333; (404)329-3492; (404)329-3698. Provides leadership and program direction for the prevention of disease, disability, premature death, and undesirable and unnecessary health problems through health education. Formerly called the Bureau of Health Education.

**HIGH BLOOD PRESSURE** INFORMATION CENTER, 120/80, National Institutes of Health, Bethesda, MD 20205; (301)496-1809. Provides information on the detection, diagnosis, and management of high blood pressure to consumers and health professionals.

NATIONAL **HIGHWAY TRAFFIC SAFETY** ADMINISTRATION, NTS-11, U.S. Department of Transportation, 400 7th Street SW., Washington, DC 20590; (202)426-9294; Auto Hotline: (800)424-9393; (202)426-0123 (in DC). Works to reduce highway traffic deaths and injuries. Publishes a variety of safety information brochures, conducts health promotion and risk reduction public education programs that promote the use of safety belts and child safety seats, and informs the public of the hazards of drunk driving. Maintains a toll-free hotline for consumer complaints on auto safety and child safety seats and requests for information on recalls.

HUD USER **(HOUSING),** P.O. Box 280, Germantown, MD 20874; (301)251-5154. Disseminates the results of research sponsored by the Department of Housing and Urban Development. Health-related topics included in the database are housing safety, housing for the elderly and handicapped, and hazards of lead-based paint. There is a fee for publications.

PROJECT SHARE **(HUMAN SERVICES),** P.O. Box 2309, Rockville, MD 20852; (301)231-9539. Provides reference and referral services designed to improve the management of human services by emphasizing the integration of those services at the delivery level. There is a fee for publications.

NATIONAL **INJURY** INFORMATION CLEARINGHOUSE, 5401 Westbard Avenue, Room 625, Washington, DC 20207; (301)492-6424. Collects and disseminates injury data and information relating to the causes and prevention of death, injury, and illness associated with consumer products. Requests of a general nature are referred to the Consumer Product Safety Commission Communications Office.

NATIONAL **MATERNAL AND CHILD HEALTH** CLEARINGHOUSE, 3520 Prospect Street NW., Suite 1, Washington, DC 20057; (202)625-8410. Provides information and publications on maternal and child health to consumers and health professionals.

NATIONAL INSTITUTE OF **MENTAL HEALTH,** Science Communications Branch, Public Inquiries Section, Parklawn Building, Room 15C-17, 5600 Fishers Lane, Rockville, MD 20857; (301)443-4513. Distributes Institute publications. Provides referrals to mental health facilities.

CLEARINGHOUSE FOR **OCCUPATIONAL SAFETY AND HEALTH** INFORMATION, Technical Information Branch, 4676 Columbia Parkway, Cincinnati, OH 45226; (513)684-8326. Provides technical support for National Institute for Occupational Safety and Health research programs, and supplies information to others on request.

PRESIDENT'S COUNCIL ON **PHYSICAL FITNESS** AND SPORTS, 450 5th Street NW., Suite 7103, Washington, DC 20001; (202)272-3430. Conducts a public service advertising program and cooperates with governmental and private groups to promote the development of physical fitness leadership, facilities, and programs. Produces informational materials on exercise, school physical education programs, sports, and physical fitness for youth, adults, and the elderly.

**POISON CONTROL** BRANCH, Food and Drug Administration, Parklawn Building, Room 15B-23, 5600 Fishers Lane, Rockville, MD 20857; (301)443-6260. Works with the national network of 600 poison control centers to reduce the incidence and severity of acute poisoning. Directs toxic emergency calls to a local poison control center.

NATIONAL CLEARINGHOUSE FOR **PRIMARY CARE** INFORMATION, 1555 Wilson Boulevard, Suite 600, Arlington, VA 22209; (703)522-0870. Provides information services to support the planning, development, and delivery of ambulatory health care to urban and rural areas where there are shortages of medical personnel and services. Although the Clearinghouse will respond to public inquiries, its primary audience is health care providers who work in community health centers.

CONSUMER **PRODUCT SAFETY** COMMISSION, Washington, DC 20207; (800)638-CPSC. Evaluates the safety of products sold to the public. Provides printed materials on different aspects of consumer product safety on request. Does not answer questions from consumers on drugs, prescriptions, warranties, advertising, repairs, or maintenance.

NATIONAL CENTER FOR THE PREVENTION AND CONTROL OF **RAPE,** Parklawn Building, Room 6C-12, 5600 Fishers Lane, Rockville, MD 20857; (301)443-1910. Maintains a listing of rape prevention and treatment resources to help people locate services available in their communities and to facilitate networking among those working in the field of sexual assault. Has very little information for inquiries from the general public and prefers to refer them to local resources.

NATIONAL **REHABILITATION** INFORMATION CENTER, 4407 Eighth Street NE., Washington, DC 20017-2299; (202)635-5826; (202)635-5884 (TDD). Supplies publications and audiovisual materials on rehabilitation and assists in locating information on dates, places, names, addresses, or statistics. The collection includes materials on rehabilitation relevant to all disability groups.

OFFICE ON **SMOKING** AND HEALTH, Technical Information Center, Park Building, Room 1-16, 5600 Fishers Lane, Rockville, MD 20857; (301)443-1690. Offers bibliographic and reference services to researchers and others, and publishes and distributes a number of titles in the field of smoking.

**SUDDEN INFANT DEATH** SYNDROME CLEARINGHOUSE, 3520 Prospect Street NW., Suite 1, Washington, DC 20057; (202) 625-8400. Provides information on SIDS to health professionals and consumers.

NATIONAL SECOND **SURGICAL OPINION** PROGRAM; (800)638-6833; (800)492-6603 (in Maryland). Provides information for people faced with the possibility of nonemergency surgery. Sponsors a toll-free telephone number to assist the public in locating a surgeon or other specialist.

## INFORMATION FINDER

The following is a list of resources which you may find useful in locating information. May I suggest contacting these organizations to find out what services and publications they have to offer. Request that your name be added to their mailing list. Many of these groups provide excellent newsletters which are invaluable in keeping up with the latest information on legislation and activity in the areas of children, youth, and family services. For easy reference, the list is organized by subject, but in many instances the scope of a specific group overlaps into other areas.

### ADOPTION

Adoption Center of Delaware Valley/National Adoption Exchange
1218 Chestnut Street
Philadelphia, Pennsylvania 19107
(215)925-0200

National Committee for Adoption
1346 Connecticut Avenue, N.W.,
Suite 326
Washington, D.C. 20036
(202)463-7559

North American Council on Adoptable Children, Inc.
2001 S. Street, N.W.
Suite 540
Washington, D.C. 20009
(202)466-7570

### CHILD ABUSE AND NEGLECT

American Humane Association
Children's Division
9725 East Hampden Avenue
Denver, Colorado 80231
(303)695-0811

Clearinghouse on Child Abuse and Neglect
1600 Research Boulevard
Rockville, Maryland 20850
(301)251-5113

International Society for the Prevention of Child Abuse and Neglect
1205 Oneida Street
Denver, Colorado 80220
(303)321-3963

C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect
1205 Oneida Street
Denver, Colorado 80220
(303)321-3963

National Center on Child Abuse and Neglect
Children's Bureau
United States Department of Health and Human Services
P.O. Box 1182
Washington, D.C. 20013
(202)245-2856

National Child Abuse Coalition
1125 Fifteenth Street, N.W.,
Suite 300
Washington, D.C. 20005
(202)293-7550

National Committee for Prevention of Child Abuse
332 South Michigan Avenue
Suite 1250
Chicago, Illinois 60604-4357
(312)663-3520

Parents Anonymous
22330 Hawthorne Boulevard
Suite 208
Torrance, California 90505
(800)421-0353

Parents United/Sons and Daughters United
P.O. Box 952
San Jose, California 95108
(408)280-5055

**CHILD ADVOCACY/CHILDREN'S RIGHTS**

Children's Defense Fund
P.O. Box 7584
Washington, D.C. 20044
(202)628-8787

National Center for Youth Law
1663 Mission Street, Fifth Floor
San Francisco, California 94103
(415)543-3307

National Conference of State Legislatures
Office of State-Federal Relations
444 North Capitol Street, N.W.
Washington, D.C. 20001
(202)737-7004

National Council of Juvenile and Family Court Judges
P.O. Box 8978
Reno, Nevada 89507
(702)784-6012

National Legal Resource Center for Child Advocacy and Protection
American Bar Association
1800 M Street, N.W.
Washington, D.C. 20037
(202)331-2250

**CHILD WELFARE**

Child Welfare League of America
67 Irving Place
New York, New York 10003
(212)254-7410

National Child Welfare Leadership Center
University of North Carolina School of Social Work
212 Finley Road
Chapel Hill, North Carolina 27514
(919)966-2646

National Child Welfare Training Center
University of Michigan School of Social Work
1015 East Huron Street
Ann Arbor, Michigan 48104
(313)763-4260

**DAY CARE**

Child Care Law Center
625 Market Street, Suite 815
San Francisco, California 94105
(415)495-5498

Day Care Information Service
8701 Georgia Avenue, Suite 800
Silver Spring, Maryland 20910
(301)589-8875

Employer Initiatives for Child Care
Beaver College
Glenside, Pennsylvania 19038
(915)884-3500

**DOMESTIC VIOLENCE**

Resource Center on Family Violence
Center for Women Policy Studies
2000 P Street, N.W. Suite 508
Washington, D.C. 20037
(202)872-1770

**FAMILY SERVICES**

Family Resource Coalition
230 North Michigan Avenue
Suite 1625
Chicago, Illinois 60601
(312)726-4750

Military Family Resource Center
6501 Loisdale Court, Suite 1107
Springfield, Virginia 22150
(800)336-4592

National Resource Center on Family Based Services
The University of Iowa, Oakdale Campus
Iowa City, Iowa 52242
(319)353-5076

**FOSTER CARE**

Foster Care Project
National Legal Resource Center on Child Advocacy and Protection
American Bar Association
1800 M Street, N.W.
Washington, D.C. 20036
(202)331-2250

National Foster Care Education Project
Institute for the Study of Children and Families
Eastern Michigan University
Ypsilanti, Michigan 48197
(703)775-7410

**HANDICAPPED PERSONS**

ESPIRIT
Educational System in Parenting for the Retarded with Infants and Toddlers
1001 Brighton Road
Pittsburgh, Pennsylvania 15233
(412)322-6008

National Information Center for Handicapped Children and Youth
1555 Wilson Boulevard
Rosslyn, Virginia 22209
(703)528-8480

**MINORITIES**

Asian Americans
Pacific/Asian American Mental Health Resource Center
1001 West Van Buren
Chicago, Illinois 60607
(312)226-0117

Blacks
National Association of Black Social Workers
271 West 125th Street, Room 317
New York, New York 10027
(212)749-0470

National Black Child Development Institute
1463 Rhode Island Avenue, N.W.
Washington, D.C. 20005
(202)387-1281

National Urban League
500 East Sixty-second Street
New York, New York 10021
(212)310-9000

Hispanics
Chicano Family Center
7145 Avenue H
Houston, Texas 77011
(713)923-2316

National Coalition of Hispanic Mental Health and Human Services Organizations
1030 Fifteenth Street, N.W.
Suite 1053
Washington, D.C. 20005
(202)371-2100

Texas Migrant Council
P.O. Box 2579
Laredo, Texas 78044-2579
(512)722-5174

Native Americans
American Indian Law Center
1117 Stanford, N.E.
P.O. Box 4456, Station A
Albuquerque, New Mexico 87196

National American Indian Court Judges Association
1000 Connecticut Avenue, N.W. #401
Washington, D.C. 20036
(202)296-0685

Native American Coalition of Tulsa
1740 West Forty-first Street
Tulsa, Oklahoma 74107
(918)446-8432

**PROFESSIONAL ASSOCIATIONS**
(See also listings under Minorities)

American Public Welfare Assocation
1125 Fifteenth Street, N.W.
Washington, D.C. 20005
(202)293-7556

Council on Social Work Education
111 Eighth Avenue
New York, New York 10011
(212)242-3800

National Association of Social Workers
7981 Eastern Avenue
Silver Spring, Maryland 20910
(301)565-0333

**SELF-HELP**

National Self-help Clearinghouse
Graduate School and University Center of the City Univeristy of New York
33 West 42nd Street, Room 1227
New York, New York 10036
(212)840-1529

**STATE RESOURCES**

Iowa
Coalition for Family and Children's Services
311 East Fifth Street
Des Moines, Iowa 50309
(515)244-0074

Commissions on Children, Youth, and Families
(Formerly Iowa Council for Children and Families)
Office for Planning and Programming
523 East Twelfth Street
Des Moines, Iowa 50319
(515)281-3711

Northeast Iowa Criminal Justice Council
715 Mulberry
Waterloo, Iowa 50703
(319)235-9715

Kansas
Kansas Children's Service League
Box 517
Wichita, Kansas 67201
(316)942-4261

Missouri
Citizens for Missouri's Children
4144 Lindell Boulevard
St. Louis, Missouri 63108
(314)535-6995

Missouri Child Care Association
P.O. Box 1583
Jefferson City, Missouri 65101
(314)635-7226

Nebraska

Child Saving Institute
421 North Fortieth Street
Omaha, Nebraska 68131
(402)553-6000

**VOLUNTEERS**

Association for Junior Leagues, Inc.
825 Third Avenue
New York, New York 10022
(212)355-4380

Four-One-One
7304 Beverly Street
Annandale, Virginia 22003
(703)354-6270

National Center for Citizen Involvement
111 North Nineteenth Street, Suite 500
Arlington, Virginia 22209
(703)276-0542
and
P.O. Box 1807
Boulder, Colorado 80306
(303)447-0492

National Council on Corporate Volunteerism
Avon Products, Inc.
9 West Fifty-seventh Street
New York, New York 10019
(212)546-6728

**YOUTH SERVICES**
(See also listings under Child Advocacy/Children's Rights)

Center for Adolescent Mental Health
Washington University
Campus Box 1196
St. Louis, Missouri 63130
(314)889-5824

Family and Youth Services Bureau
(Formerly Youth Development Bureau)
Administration for Children, Youth, and Families
400 Sixth Street, N.W.
Washington, D.C. 20201
(202)755-0590

Urban and Rural Systems Associates
Pier 1 1/2
San Francisco, California 94111
(415)398-2040

Youth Services Project
National Conference of State Legislatures
1125 Seventeenth Street, Suite 1500
Denver, Colorado 80202
(303)292-6600

National Health Information Clearinghouse

# HEALTHFINDER

## POSTERS FOR HEALTH PROMOTION

Posters can communicate information simply and concisely. For health professionals, they offer an appealing and eye-catching way to emphasize a healthy behavior or lifestyle, to create awareness of a health risk or hazard, or to publicize a health promotion/disease prevention program. Posters can be used alone, or in conjunction with other materials to reinforce health messages.

This *Healthfinder* describes health-related posters that are aimed at the general public and distributed by the Federal Government. These posters are suitable for display in a variety of settings, including schools, libraries, public buildings, businesses, and health facilities.

The *Healthfinder* is arranged by subject, and the posters for each subject are listed by distributor. Each entry gives the poster's title (in bold type), describes it, gives its dimensions, and tells whether it is in color or black and white (b/w). If the poster is designed for a specific audience, it is indicated in the description.

**The posters are not available through the National Health Information Clearinghouse (NHIC).** Complete ordering information is provided; to obtain copies, please contact the distributor directly. All the posters cited are available at no charge.

### *ALCOHOL ABUSE*

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852 (301)468-2600

**Drinking a lot doesn't make you: tall, rich, strong, handsome, smart, witty, sophisticated, or sexy...just drunk; in fact it doesn't do a thing for you, except get you drunk.** (color: 14"x17") Illustrates its message with 12 cartoons of a couple in a cocktail lounge, their date an obvious failure.

**Great drink refusal #21.** (b/w:17"x22") Depicts "Maw" from the famous painting "American Gothic" demonstrating that it is okay to say no to a drink.

**If you drink a lot of beer, you drink a lot of alcohol.** (color: 14"x17") Pictures five half-empty beer mugs.

**The typical alcoholic American.** (color: 14"x17") Contains 16 individual photographs of men and women of various ages, races, and backgrounds. With nine million alcoholic Americans, the message says, there is no such thing as typical.

### *CANCER*

National Cancer Institute
Office of Cancer Communications
Building 31, Room 10A18
9000 Rockville Pike
Bethesda, MD 20892 (800)422-6237

**Cancer prevention: the news is getting better all the time.** (color: 11"x14") Urges people to write or call for a booklet on cancer prevention.

**Good news is just a call away!** (color: 17"x32") Lists toll-free number which consumers and health professionals can call to receive information on cancer prevention.

### *CHILDREN*

Clearinghouse on Child Abuse and Neglect
Clearinghouse Branch
P.O. Box 1182
Washington, DC 20013 (301)251-5157

**A commitment to children. Strengthening families, communities, and services.** (color: 22"x35") Commemorates the Sixth National Conference on Child Abuse and Neglect.

National Maternal and Child Health Clearinghouse
38th and R Streets, NW.
Washington, DC 20057 (202)625-8410

**Check marks for good health: blood tests, heights, weights, and dental exams.** (color: 17"x21") Illustrates each concept with drawings of children and babies.

**Parents of earth, are your children fully immunized?** (color: 14"x22") Pictures robots R2D2 and C3PO from Star Wars.

## *DENTAL HEALTH*

National Institute of Dental Research
Building 31, Room 2C-31
9000 Rockville Pike
Bethesda, MD 20892 (301)496-2883

This series on fluoride uses black and white photographs of people of various ages and races, with captions in color.

**Adults need fluorides too!** (color: 14"x20") Shows men and women of various ages and races, all smiling.

**Are you sure she's getting all the fluoride she needs?** (color: 12-1/2"x19") Consists of a close-up photograph of a wide-eyed white baby.

**Are your children getting all the fluoride they need?** (color: 12-1/2"x19") Depicts a smiling Black girl and boy of junior-high-school age.

**Daily fluoride tablets for healthier smiles.** (color: 12-1/2"x19") Shows three white children, each holding up a fluoride tablet.

**Fluoride: guardian against tooth decay.** (color: 12-1/2"x19") Pictures a white girl using a fluoride rinse.

**Fluoride: the smile maker.** (color: 12-1/2"x19") Shows a white toddler with a toothy smile.

**Fluorides aren't just for kids!** (color: 14"x20") Shows a smiling group of adult men and women of various ages and races.

**Give a kid a healthy smile—use fluoride.** (color: 12-1/2"x22-1/2") Depicts a young white child laughing.

**Sealants + fluorides = maximum protection against cavities.** (color: 14-1/2"x19") Presents a graphic diagram of a single tooth, showing how fluoride and sealants protect the surfaces.

**Sealants and fluorides: a winning combination for tooth protection.** (color: 14-1/2"x19") Pictures a white boy in a New York Yankees jacket grinning.

**Smile—fluoride makes it so easy!** (color: 12-1/2"x22-1/2") Portrays a Black teenager with a smile on his face.

**Want a hot tip on a good investment? Use fluoride for a healthy smile.** (color: 12-1/2"x19") Depicts a white baby.

**Weekly fluoride rinses for a healthy smile.** (color: 12-1/2"x19") Shows a group of Black and white children, all in their early teens, about to rinse with fluoride.

## *DRUG ABUSE*

National Clearinghouse for Drug Abuse Information
P.O. Box 416
Kensington, MD 20795 (301)443-6500

**The head of the class.** (color: 17"x22") Depicts a class of young teenagers, with one boy asleep, apparently drugged.

**It's a fact—pot hurts!** (color: 17"x22") Includes drawings of teenagers, each one citing a disadvantage to smoking pot.

**Just say no.** (b/w: 17"x22") Depicts 2 marijuana joints.

**School daze.** (color: 17"x22") Depicts a teenage boy with a dazed expression and stresses the importance of saying no to drugs.

## *HANDICAPS*

President's Committee on Employment of the Handicapped
Communications Division, Room 600
1111 20th Street NW.
Washington, DC 20036 (202)653-5044

**Grasp an opportunity: employ disabled people.** (color: 14"x18") Depicts a hand reaching down to another hand.

**Has it become any less a rose?** (color: 16"x20") Pictures a rose with one fallen petal.

**Linking resources.** (color: 14"x18") Illustrates a chain linking the words in the title. One end of the link has tools hanging from it, the other end has a computer and ink, and the middle has a symbol of wheelchair access.

**An overlooked treasure: hire disabled people.** (color: 14"x18") Shows diver finding a treasure chest.

**A person with special needs becomes someone special through technology.** (color: 14"x18") Combines a stylized drawing of a computer with a symbol of wheelchair access.

**Tear down the barriers: hire disabled people.** (color: 14"x18") Shows a person's hand ripping a newspaper.

**There is a will if you provide a way; change barriers to opportunities, hire disabled workers.** (color: 14"x18") Illustrates 3 steps which lead to an open door contrasted by a ramp upon which a light is shining.

**Time to act: hire those who can.** (color: 14"x18") Illustrates its message with a series of clocks—all but one having numbers on the faces, the exception having a symbol of wheelchair access.

**Which employee is disabled?** (color: 14"x18") Features 4 people working, none of whom have apparent disabilities.

## *HIGH BLOOD PRESSURE*

National High Blood Pressure Education Program
High Blood Pressure Information Center
120/80 National Institutes of Health
Bethesda, MD 20892 (301)496-1809

**Don't skip your blood pressure medication.** (color: 16"x20") Pictures a man and a woman jogging; the text stresses that non-drug therapy is not a substitute for medication.

**High blood pressure: treat it...and live.** (color: 16"x20") Pictures a husband and wife and encourages patients to take their medicine every day.

**High blood pressure: treat it...and live.** (color: 16"x20") Features a physician handing a prescription to a man and

stresses that although there is no cure for high blood pressure, it can be controlled.

**High blood pressure. Treat it for life.** (color: 12"x16") Shows a woman leaving a pharmacy with a bottle of medicine. The text stresses the need to follow doctor's instructions, control weight, limit salt intake, and take pills every day.

**High blood pressure...you can't tell by the way you feel.** (color: 16"x20") Depicts a woman holding a mirror; the text dispels the myth that high blood pressure has observable symptoms.

**If you want all these tomorrows, take care of your high blood pressure today.** (color: 17"x22") Repeats the word "tomorrow" in a variety of colors and typefaces.

**Life savers.** (color: 17"x22") Illustrates four ways of treating high blood pressure: exercise, medication, salt substitutes, and weight control.

**Reach a new low. Take control of your blood pressure.** (color: 17"x23") Features lifestyle activities that promote blood pressure control.

**So you think you've been cured of high blood pressure.** (color: 16"x20") Shows a cartoon figure throwing away his pills and explains why this is dangerous.

**Their future is in your hands. Treat your high blood pressure every day.** (color: 16"x20") Consists of a series of five posters with drawings of children representing various ethnic and geographical groups. Available in Spanish.

**Think you know what "hypertension" means?** (color: 16"x20") Depicts a cartoon figure reading a book and clarifies the distinction between hypertension and nervous tension.

***MOTOR VEHICLE PASSENGER SAFETY***

National Highway Traffic Safety Administration
Department of Transportation (NTS-13)
400 Seventh Street SW.
Washington, DC 20590 (202)426-3873

**Don't be a tough act to follow! Fasten your seatbelt.** (color: 17"x22") Shows "Crock" comic strip character being thrown from a camel and through a tree trunk; an unused seat belt swings from the camel's back.

**Get it together. Please buckle up.** (color: 16"x20") Shows a drawing of a seat belt.

**Let the gripper win one for you. Fasten your seat belt.** (color: 16"x24") Shows "Crock" comic strip character being thrown from Commandant Crock's jeep.

**My kingdom for a safety belt.** (color: 16"x24") Shows the King of Id, from the comic strip "Wizard of Id," being catapulted from his royal chair as it passes through a low gate.

**Safer than a mother's arms.** (color: 16"x20") Shows a mother fastening a child in a car safety seat.

National Highway Traffic Safety Administration
Department of Transportation (NTS-21)
400 Seventh Street SW.
Washington, D.C. 20590 (202)426-2180

**Cruising.** (color: 20"x24") Shows a picture of a video game called "Cruising." Instructions include (1) You control your driver's license, (2) Rack up points by avoiding "brew," and (3) Remember...boozing and cruising is losing.

**Friends don't let friends drive drunk. Drive your friend home, have your friend sleep over, call a cab.** (color: 13-1/2"x18") Illustrates the advice with cartoon drawings.

**Want to change your lifestyle? It's easy, lose your driver's license.** (color: 24"x32") Pictures a businessman with briefcase getting a ride to work in an old pickup truck filled with hay, birdfeed and chickens.

**Wouldn't it be a pain to lose your driver's license?** (color: 24"x32") Illustrates a teenage couple at the drive-in movie sitting on the pavement.

***OCCUPATIONAL SAFETY***

Occupational Safety and Health Administration
Publications Distribution
Department of Labor
Room S-4203
Washington, DC 20210 (202)523-8148

**Job safety and health protection.** (b/w: 10"x16") Explains the requirements, for both employees and employers, of the Occupational Safety and Health Act of 1970; not illustrated.

***PHYSICAL FITNESS***

President's Council on Physical Fitness and Sports (PCPFS)
Director of Information
405 Fifth Street NW., Suite 7103
Washington, DC 20001 (202)272-3430

**Consistency.** (color: 14"x22") Shows the Chairman of the PCPFS and conveys the message that inconsistency will win some of the time while consistency will win most of the time.

**Get ready, get fit, go for it!** (color: 17"x22") Shows adolescent girl completing a broad jump. The address is given for individuals interested in the Presidential Physical Fitness Award.

**If you're not in shape, everything is too much work.** (color: 14"x18") Shows the Chairman of the PCPFS and athletes working, encouraging America to "shape up."

**Keep fighting.** (color: 15"x22") Depicts the Chairman of the PCPFS encouraging people to keep fighting and work hard.

***SMOKING***

Office on Smoking and Health
Technical Information Center
Park Building, Room 1-10
5600 Fishers Lane
Rockville, MD 20857 (301)443-1690

**Cigarette mash.** (color: 18"x23") Depicts multicolored sneakers stamping out cigarettes and graffiti conveying the message.

**Don't you get hooked!** (color: 16"x21") Portrays a fisherman's hook catching an underwater puffer by the cigarette butt. Available in Spanish.

**This is a dumb bunny!** (color: 16"x21") Shows a rabbit with a cigarette in his mouth.

***SOCIAL SECURITY***

Social Security Administration
Office of Governmental Affairs
6401 Security Boulevard
Baltimore, MD 21235 (301)594-1988

**Social Security: a family protection plan.** (color: 9"x14") Shows a picture of a man and wife holding their children and points out that Social Security provides coverage for family members.

**Social Security: a lifetime of protection.** (color: 9"x14") Shows black men at three ages and points out that Social Security offers protection for all stages in life.

**Are you ready to apply for Social Security benefits?** (color: 11"x15") Explains how to apply; not illustrated.

**You don't have to retire to get Medicare.** (b/w: 11"x14") Recommends applying for Medicare 2 to 3 months before age 65. Pictures a large, old fashioned pocket watch.

**Social Security: partnership with tomorrow.** (color: 9"x14") Commemorates the 50th anniversary of the Social Security program using the number 50 and the logo of the Department of Health and Human Services.

***WOMEN'S HEALTH***

National Clearinghouse for Family Planning Information
P.O. Box 12921
Arlington, VA 22209 (703)558-7932

**DES. The wonder drug women should wonder about.** (color: 17"x24") Explains that DES has been linked with medical problems in the children of women who took it, and urges women to contact their doctor or local health department to find out if they were given this drug. Available with a picture of a white woman or Black woman, and in Spanish.

***X-RAYS***

Center for Devices and Radiological Health
Food and Drug Administration
5600 Fishers Lane (HFZ-265)
Rockville, MD 20857 (301)443-4190

**Pregnant? Or think you might be...tell your doctor before getting an x-ray or prescription.** (color: 17"x21") Superimposes the message on a pregnant figure. Available in Spanish.

**X-rays...Get the picture on protection.** (color: 16"x22") Discusses precautions to take before getting an x-ray, illustrating each with a drawing. This poster can be used in conjunction with an audiovisual package on x-rays, available from this agency.



ODPHP

Prepared by the National Health Information Clearinghouse (NHIC), P.O. Box 1133, Washington, DC 20013-1133. The NHIC is a service of the Office of Disease Prevention and Health Promotion (ODPHP), Public Health Service, U.S. Department of Health and Human Services. Duplication is encouraged.



GPO 922-288

RESOURCES

Alcoholics Anonymous (AA)
P.O. Box 459
Grand Central Station
New Nork, NY 10163
212/686-1100

Al-Anon Family Group Headquarters
1372 Broadway
New York, NY 10018
212/683-1771

Alexander Graham Bell Association
for the Deaf
3417 Volta Place N.W.
Washington, D.C. 20007-2778

American Allergy Association
P.O. Box 7273
Menlo Park, CA 94026-7273

American Anorexia/Bulimia
Association
133 Cedar Lane
Teaneck, NJ 07666

American Brittle Bone Society
1256 Merrill Drive
West Chester, PA 19380

American Cancer Society, Iowa
Division
1-800-392-6446

American Cleft Palate Educational
Foundation
331 Salk Hall
University of Pittsburgh
Pittsburgh, PA 15261

American Foundation for the Blind
15 West 16th Street
New York, NY 10011

American Kidney Fund
P.O. Box 975
Washington, D.C. 20044
1-800-638-8299

American Lung Association of Iowa
1321 Walnut
Des Moines, IA 50309
1-800-243-1225

American Leprosy Missions
One Broadway
Elmwood Park, NJ 07407
201-794-8650

American Medical Association
535 North Dearborn Street
Chicago, IL 60610

American Reye's Syndrome
Association
701 South Logan #203
Denver, CO 80209

American Society for Deaf Children
814 Thayer Avenue
Silver Springs, MD 20910
501-585-5400

American Social Health Association
260 Sheridan Avenue, Suite 307
Palo Alto, CA 94306

American Tinnitus Association
P.O. Box 5
Portland, OR 97207

Arthritis Foundation
3400 Peachtree Road N.E.
Atlanta, GA 30326
1-800-622-5015

Association for Research of Childhood Cancer
3653 Harlem Road
Buffalo, NY 14215
716-838-4433

Association for Children with Learning Disabilities
4156 Library Road
Pittsburgh, PA 15234

Association for Education and Rehabilitation of the Blind and Visually Impaired
260 North Washington Street, Suite 320
Alexandria, VA 22314

Association of Birth Defect Children, Inc.
3526 Emerywood Lane
Orlando, FL 32806
305-859-2821

Candlelighters Childhood Cancer Foundation
2025 Eye Street N.W., Suite 1011
Washington, D.C. 20006

Child Find, Inc.
P.O. Box 207
New Paltz, NY 12561
914-255-1848

Child Welfare League of America, Inc.
67 Irving Place
New York, NY 10003
212-254-7410

Cornelia De Lange Syndrome Foundation
60 Dyer Avenue
Collinsville, CT 06022

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091
703-620-3660

Cystic Fibrosis Foundation
6000 Executive Boulevard, Suite 309
Rockville, MD 20852

Dysautonimoia Foundation, Inc.
370 Lexington Avenue
New York, NY 10017
212-889-0300

Dystonia Medical Research Foundation
9615 Brighton Way, Suite 416
Beverly Hills, CA 90210
213-372-9880

Epilepsy Foundation of America
4351 Garden City Drive
Landover, MD 20785

Gallaudet College/National Information Center on Deafness
Gallaudet College
800 Florida Avenue N.E.
Washington, D.C. 20002
202-651-5109

Gluten Intolerance Group
P.O. Box 23053
Seattle, WA 98102-0353

Guide Dog Foundation for the Blind, Inc.
371 East Jericho Turnpike
Smithtown, NY 11787
516-265-2121

Guillain-Barre Syndrome Support Group
P.O. Box 262
Wynnewood, PA 19096
215-896-6372

Human Growth Foundation
P.O. Box 2053
Minneapolis, MN 55420

Huntington's Disease Foundation of America
250 West 57th Street
New York, NY 10107

International Joseph Disease Association
P.O. Box 2550
Livermore, CA 94550
415-4550-0706

International Society for Prevention of Child Abuse and Neglect
1205 Oneida Street
Denver, CO 80220
303-321-3963

Iron Overload Diseases Association, Inc.
The Harvey Building
224 Datura Street, Suite 912W
West Pal Beach, FL 33401

Juvenile Diabetes Foundation International
60 Madison Avenue
New York, NY 10010
212-889-7575

Kidney Foundation
Two Park Avenue
New York, NY 10016

Leukemia Society of America
733 Third Avenue
New York, NY 10017
212-573-8484

Make Today Count, Inc.
P.O. Box 222
Osage Beach, MO 65065
314-348-1619

Make-a-Wish Foundation of America
4601 North 16th Street, Suite 205
Phoenix, AZ 85016
602-234-0960

March of Dines
1275 Mamaroneck Avenue
White Plains, NY 10605

Muscular Dystrophy Association, Inc.
810 Seventh Avenue
New York, NY 10019

National ALS Foundation, Inc.
185 Madison Avenue
New York, NY 10016
212-679-4016

National Amputation Foundation
12-45 150th Street
Whitestone, Queens
New York, NY 11357
212-767-0596

National Association for Children of Alcoholics (NACoA)
31706 Coast Highway
Suite 201
South Laguna, CA 92677
714/499-3889

National Association for Sickle Cell Disease
3460 Wilshire Boulevard, Site 1012
Los Angeles, CA 90010-2273
213-731-1166

National Association of Patients on Hemodialysis and Transplantation
150 Nassau Street
New York, NY 10038
212-619-2727

National Association for the Craniofacially Handicapped
P.O. Box 11082
Chattanooga, TN 37401

National Association for the Visually Handicapped
305 East 24th Street
New York, NY 10010

National Burn Victim Foundation
308 Main Street
Orange, NJ 07050
201-731-3112

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
301/468-2600

National Clearinghouse for Drug Abuse Information
P.O. Box 416
Rockville, MD 20857
301-443-6500

National Clearinghouse on Smoking and Health Center for Disease Control
Atlanta, GA 30333

National Committee for the Prevention of Child Abuse and Neglect
332 South Michigan Avnue, Suite 1250
Chicago, IL 60604-4357
312-663-3520

National Council on Alcoholism, Inc.
12 West 21st Street
New York, NY 10010
212/206-6770

National Federation of the Blind
1800 Johnson Street
Baltimore, MD 21230

National Foundation for Ileitis and Colitis, Inc.
444 Park Avenue South
New York, NY 10016

National Head Injury Foundation, Inc.
P.O. Box 567
Farmingham, MA 01701
617-879-7473

National Information Center for Handicapped Children and Youth
P.O. Box 1492
Washington, D.C. 20013

National Jewish Center for Immunology and Respiratory Medicine
1400 Jackson Street
Denver, CO 80206
303-388-4461

National Psoriasis Foundation
6415 S.W. Canyon Court, Suite 200
Portland, OR 97221
503-297-1545

National Reye's Syndrome Foundation
P.O. Box 829
Bryan, OH 43506
419-636-2679

National Retinitis Pigmentosa Foundation
Baltimore, MD
800-638-2300

National SIDS Foundation
Two Metro Plaza, Suite 205
8240 Professional Place
Landover, MD 20785
301-459-3388
800-221-SIDS

National Society for Crippled Children and Adults, Inc.
2023 West Ogden Avenue
Chicago, IL 60612

National TAY-SACHS and Allied Dieases Association
92 Washington Avenue
Cedarhurst, NY 11516
516-569-4300

National Tuberous Sclerosis Association, Inc.
P.O. Box 612
Winfield, IL 60190
312-668-0787

Prader-Willi Synddrome Association, Inc.
5515 Malibu Drive
Edina, MN 55436
612-933-0113

Special Olympics, Inc.
1350 New York Avenue N.W., Suite 500
Washington, D.C. 20005
202-628-3630

Spina Bifida Association of America
343 South Dearborn Street
Chicago, IL 60604
312-663-1562

Sunshine Foundation
2842 Normandy Drive
Philadelphia, PA 19154
215-743-2660

Support Organization for Trisomy 18/13
478 Terrace Lane
Todele, UT 84074
801-566-0674

The Als Association
185 Madison Avenue
New York, NY 10016
212-679-4016

The American Narcolepsy Association
P.O. Box 5846
Stanford, CA 94305

The Association for Persons with Severe Handicaps
7010 Roosevelt Way N.E.
Seattle, WA 98115
206-523-8446

The Foundation for the Study of Wilson's Disease
P.O. Box 1246
Bronx, NY 10471

The International Society for Burn Injuries
Midtown II, Suite 600
2005 Franklin Street
Denver, CO 80205
303-839-1694

The Lupus Foundation of America
11921 A Olive Boulevard
St. Louis, MO 63141
314-872-9036

The MPS Society, Inc.
17 Kraemer Street
Hicksville, NY 11801
516-931-6338

The National Scoliosis Foundation
93 Concord Avenue
P.O. Box 547
Belmont, MA 02178
617-489-0880

The National Multiple Sclerosis Society
205 East 42nd Street
New York, NY 10017

The National Society for Children and Adults with Autism
1234 Massachusetts Avenue N.W., Suite 1017
Washington, D.C. 20005-4599
202-783-0125

The Paget's Disease Foundation, Inc.
P.O. Box 2772
Brooklyn, NY 11202

The Pearl S. Buck Foundation, Inc.
Green Hills Farm
Perkasie, PA 18944
800-523-5328

Toughlove
Community Services Foundation
Box 70
Sellersville, PN 18960

Tourette Syndrome Association, Inc.
41-02 Bell Boulevard
Bayside, NY 11361
718-224-2999

United Cerebral Palsy Association, Inc.
66 East 34th Street
New York, NY 10016

United Ostomy Association
2001 West Beverly Boulevard
Los Angeles, CA 90057
213-413-5510

United Scleroderma Foundation
P.O. Box 350
Watsonville, CA 95077
408-728-2202

Wilson's Disease Association
P.O. Box 489
Dumfries, VA 22026
703-221-5532

This is a list of organizations that can provide free or low-cost food and nutrition materials. The general subject areas are indicated in **bold** type. We suggest that you make your requests as far as possible in advance since in most cases you will need to obtain publications lists and ordering forms. Check prices and availability, and allow for mailing delays. Inclusion of a publication in this list, or in the Food and Nutrition Information Center collection, does not indicate endorsement by the U.S. Department of Agriculture (USDA), nor does the USDA ensure the accuracy of all information in the publication.

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THE FOOD AND NUTRITION INFORMATION CENTER

The **Food and Nutrition** Information Center (FNIC), Room 304, National Agricultural Library, Beltsville, MD 20705, (301)344-3719. FNIC has developed PATHFINDERS on specific food and nutrition topics. A PATHFINDER is a short bibliography designed to give guidance during the initial stages of a search for information or resources on a particular topic. Most topics have separate lists of appropriate resources for three user levels: CONSUMER, EDUCATOR, or PROFESSIONAL.

Topics include:

Sports Nutrition
Dietary Sodium and Hypertension
Nutrition During Adolescence
Fad Weight Loss Diets
Nutrition, Fitness and Well-Being
Diet and Dental Health
Nutrition and the Handicapped
Nutrition and the Elderly
Nutrition for Pregnancy†
Weight Control
Teenage Pregnancy and Nutrition
Vitamin/Mineral Supplements††
Dietary Fat and Heart Disease
Osteoporosis
Vegetarianism
Diet and Cancer
Nutrition and Diabetes
Food Composition
Nutrition, Learning and Behavior
Anorexia Nervosa and Bulimia
Nutrition and Alcohol
Nutriton Misinformation
Nutrition for Infants and Toddlers†
Food Irradiation*†
Irradiated Fruits*††††
Safety and Wholesomeness of Irradiated Foods*†††††
Children's Literature on Food and Nutrition†††

* Developed by the Food Irradiation Information Center
† Consumer level only
†† Consumer and educator levels only
††† Educator level only
†††† Professional level only
††††† Educator and professional levels only

OTHER U.S. GOVERNMENT ORGANIZATIONS

**National Institute on Aging**, Public Affairs Officer, Department of Health and Human Services, Building 31, Room 5C-35, 9000 Rockville Pike, Bethesda, MD 20892, (301)496-1752.

**National Clearinghouse for Alcohol** Information, Information Specialist, P.O. Box 2345, Rockville, MD 20852, (301)468-2600.

**Cancer** Information Service, National Cancer Institute, Department of Health and Human Serivces, Building 31, Room 10A-18, 9000 Rockville Pike, Bethesda, MD 20892, 1-800-4-CANCER; in Alaska call 1-800-638-6070; in Hawaii, Oahu call (808)524-1234.

**National Cholesterol** Education Program, NCEP Information Center, National Heart, Lung, and Blood Institute, C-200, Bethesda, MD 20892, (301)230-1340.

**Consumer Information** Center, Pueblo, CO 81009. Write for the free Consumer Information Catalog, which lists several nutrition and food-related publications or call (202)566-1794.

National **Diabetes** Information Clearinghouse, Information Specialist, Box NDIC, Bethesda, MD 20892, (301)468-2162.

National **Digestive Diseases** Education and Information Clearinghouse, 1255 23rd Street, N.W., Suite 275, Washington, D.C. 20037, (202)296-1138.

**Food and Drug** Administration, try regional office first (listed under "U.S. Government" in the telephone book) or write, Office of Consumer Affairs, Department of Health and Human Services, 5600 Fishers Lane (HFE-88), Rockville, MD 20857, (301)443-3170.

**Food and Nutrition** Service, U.S. Department of Agriculture. Contact your regional office (under "U.S. Government" in the telephone book) or write Public Information Office, Park Office Center 3101, Park Center Drive, Alexandria, VA 22302, (703)756-3276. Materials are free for those in USDA programs or can be purchased through the Government Printing Office.

**Food Safety and Inspection** Service Office of Public Awareness, Information Specialist, U.S. Department of Agriculture, Room 1163-S, Washington, D.C. 20250, (202)472-4485. Also the **Meat and Poultry** Hotline (800)535-4555 (10AM to 4PM E.S.T) TTY (202)447-3333 or write Meat and Poultry Hotline, USDA, FSIS, Washington, D.C. 20250.

ODPHP **Health** Information Clearinghouse, ODPHP/NHIC, P.O. Box 1133, Washington, D.C. 20013-1133, (800)336-4797, in Washington, D.C. (202)429-9091.

National **Heart, Lung and Blood** Institute, Technical Information Specialist, Public Inquires and Reports Branch, Department of Health and Human Serices, Building 31, Room 4A-21, 9000 Rockville, MD 20205, (301)496-4236.

American **Digestive Disease** Society, 7720 Wisconsin Avenue, Bethesda, MD 20814.

Metropolitan Life Insurance Company, **Health and Safety Education** Division, One Madison Avenue, New York, NY 10010.

Nation Council Against **Health Fraud**, Inc., P.O. Box 1276, Loma Linda, CA 92354, (714)796-3067, provides reprints of articles.

American **Heart** Association, try local/state/regional offices or the National Center, 7300 Greenville Avenue, Dallas, TX 75231, (214)750-5300.

March of Dimes (for **Maternal and Infant** nutrition information), try local/state/regional offices or Supply Division, 1275 Mamaroneck Avenue, White Plains, N.Y. 10605.

American **Medical** Asssociation, try local/state/regional offices or 535 N. Dearborn Street, Chicago, IL 60610, (312)645-5000.

Community **Nutrition** Institute, 2001 S Street, N.W., Washington, D.C. 20009, (202)462-4700.

American College of **Obstetricians and Gynecologists**, Office of Public Information, 600 Maryland Avenue, S.W., Washington, D.C. 20024.

American **Public Health** Association, 1015 15th Street, N.W., Washington, D.C. 20005, (202)789-5600.

National **Restaurant** Association, 311 First Street, N.W., Washington, D.C. 20001, (800)424-5156 or in Washington, D.C. (202)638-6100.

American Association of **Retired Persons** 1909 K Street, N.W., Washington, D.C. 20049, (202)872-4700.

National **Sanitation** Foundation, 3475 Plymouth Road, P.O. Box 1468, Ann Arbor, MI 48106, (313)769-8010.

Center for **Science** in the Public Interest, 1501 16th Street, N.W., Washington, D.C. 20036, (202)332-9110.

OTHER SUGGESTIONS

-state and county Cooperative Extention Service Home Economics and 4H offices

-large grocery stores, check with the consumer affairs office

-hospitals and clinics, try the dietary or foodservice departments

-state and local departments of health, education, human services and/or aging

-food companies, for example:
Best Foods, P.O. Box 9000 International Plaza, Englewood Clifts, NJ 07632.
General Foods, 250 North Street, White Plains, NY 10625

**High Blood Pressure** Information Center, Information Specialist, 120/80 National Institutes of Health, Bethesda, MD 20892, (301)496-1809.

**Human Nutrition** Information Service, Public Affairs Staff, 6505 Belcrest Road, Room 325-A, Hyattsville, MD 20782, (301)436-8498. Also, publications are available through the Government Printing Office. Contact the Human Nutrition Information Service for their publications list.

**National Maternal and Child Health** Clearinghouse, Information Specialist, 38th and R Streets, N.W., Washington, D.C. 20057, (202)625-8410.

A primary source for **Government Publications** is the U.S. Government Printing Office (GPO), Superintendent of Documents, Washington, D.C. 20402, (202)783-3238. Orders must be accompanied by the stock number. Checks and money orders should be made payable to the Superintendent of Documents. Orders can be charged to Mastercard and VISA accounts. Prices are subject to change without notice. There are several GPO Bookstores throughout the United States. Check your telephone book under "U.S. Government".

ASSOCIATIONS AND PRIVATE INTEREST GROUPS

National Council on **Alcoholism**, 12 W. 21st Street, New York, NY 10010, (212)206-6770

American **Allergy** Association, P.O. Box 7273, Menlo Park, CA, (415)322-1663.

**Anorexia and Related Eating Disorders**, P.O. Box 5102, Eugene, OR, (503)344-1144.

American **Anorexia/Bulimia** Association, Inc., 133 Cedar Lane, Teaneck, NJ 07666, (201)836-1800.

National **Anorexic** Aid Society Inc., 5796 Karl Road, Columbus, OH 43229, (614)436-1112, send $2.00 for an information packet.

National Association of **Anorexia Nervosa and Associated Disorders** Box 7, Highland Park, IL 60035, (312)831-3438.

American Institute for **Cancer** Research, Washington, D.C. 20069, (703)237-0159.

American **Dental** Association, 211 East Chicago Avenue, Chicago, IL 60611, (312)440-2500.

American **Diabetes** Association, try local/state/regional offices or the National Service Center, 1660 Duke Street, Alexandria, VA 22314, (703)548-1500.

American **Dietetic** Association (for general **nutrition, foods and foodservice** information), try local/state/regional offices or 430 North Michigan Avenue, Chicago, IL 60611, (312)280-5000.

General Mills, Inc., P.O. Box 1113, Minneapolis, MN 55440
Heinz Company, P.O. Box 2899, Boston, MA 02277-2899
Kellogg Comapny, One Kellogg Square, P.O. Box 3599, Battle Creek, MI 49016-3599
Kraft, Inc., Kraft Court, Glenview, IL 60025
McDonald's Nutrition Information Center, McDonald's Corporation, McDonald's Plaza, Oak Brook, IL 60521
Nabisco Brands, East Hanover, NJ 07936
Oscar Meyer and Company, P.O. Box 7188, Madison, WI 53707
Proctor and Gamble, 301 East Sixth Street, P.O. Box 599, Cincinnati, OH 45202
Quaker Oats Company, 2400 Merchandise Mart Plaza, Chicago, Il 60654

These companies may offer food service recipes as well as consumer food and nutrition information. Address inquiries to the PUBLICATIONS or INFORMATION OFFICE.

-companies that have quantity recipes, table tents, product posters, etc. are also listed in the December "Menu Merchandising Guide" of Institional Distribution Magazine.

-university public health, food science or nutrition departments (for example: the Nutrition Information and Resource Center (for general nutrition information), The Pennsylvania State Univeristy, Benedict House, University Park, PA 16802 (814)865-5323.

-Directory of Food and Nutrition Information Services and Resources, Robyn C. Frank, editor, 1984, Oryx Press, 2214 North Central at Encanto, Phoenix, AZ, 85004-1483, (1-800)457-ORYX.

-Healthy Mothers, Health Babies Directory of Educational Materials, lists maternal and child health eduation materials, available free of charge from the American College of Obstetricians and Gynecologists, Office of Public Information, 600 Maryland Avenue, S.W., Washington, D.C. 20024.

-Encyclopedia of Associations 1987, 21th Edition, Vols. I, II and III, Katherine Gruber, editor, Gale Research Company, Book Tower, Detroit, Mi 48226. Try this resource for the names and addresses of nutrition and food-related industries and organizations, for example:

National Dairy Council, contact your local chapter or, Order Department, National Dairy Council, 6300 North River Road, Rosemont, IL 60018-4233, (312)696-1860, etx. 22.
American Bakers Association, 111 14th Street, N.W., Suite 300, Washington, D.C. 20005.
American Egg Board/United Egg Producers, 1460 Renaissance Drive, #301, Park Ridge, IL 60068, (3123)296-7043.
American Meat Institute, P.O. Box 3556, Washington, D.C. 20007, (703)841-2400.
Food Marketing Institute, 1750 K Street, N.W., Washington, D.C. 20006, (202)452-8444.
National Live Stock and Meat Board, 444 North Michigan Avenue, Chicago, IL 60611.
National Pork Producers Council, P.O. Box 10383, Des Moines, IA.
Produce Marketing Association, 700 Barksdale Plaza, Newark, DE 19711, (302)738-7100.

Rice Council, P.O. Box 740121, Houston, TX 77274, (713)270-6699.
Wheat Flour Institute, West Wing, Suite 305, 600 Maryland Avenue, S.W., Washington, D.C. 20024, (202)484-2200.
United Fresh Fruit and Vegetable Association, 727 North Washington Street, Alexandria, VA 22314, (703)836-3410.

Many of these organizations provide general nutrition information as well as material related to their particular interest. Address inquiries to the PUBLICATIONS or INFORMATION OFFICE. The Encyclopedia of Associations is available in most public libraries.

-Channing L. Bete Co., Inc., publishes booklets and coloring books on a wide variety of health topics. These are available in quantities of 25 or more. 200 State Road, South Dearfield, MA 01373-0200, (1-413)665-7611.

-Nutrition Graphics, P.O. Box 1527, Corvallis, OR 97339 produces posters on prenatal, infant and toddler care.

-Allegheny County Health Department, Nutrition Service, Room 519, County Office Building, Pittsburg, PA 15219, for consumer nutrition information.

-Massachusetts Nutrition Resource Center, 150 Tremont Street, Boston, MA 02111, 1-(800)322-7203, or in Boston, MA (617)727-0718.

-Department of Dietetics, St. Paul-Ramsey Medical Center, 640 Jackson Street, St.Paul, MN 55101, (612)221-3456.

RESOURCES

1. Shean Sherman - Editor
   Iowa Council for Children
   Office for Planning and Programming
   523 East 12th Street
   Des Moines, IA 50319

   Children - a monthly newsletter

2. Spenco Health Education Catalog
   Spenco Medical Corporation
   P.O. Box 8113
   Waco, TX 76710

   This company has models of body parts, teaching models for I.M. injections, catherizatin, ostomy care and techniques. They produce slide tape programs of conception to birth, birth control, menstration, smoking, V.D. Also, they have displays and posters for alcoholism, smoking, V.D., and drug abuse.

3. Medicine, Nursing, and Allied Health
   Test/A.V. Catalog
   The Robert J. Brady Company
   Charles Press Publishers, Inc.
   Bowie, MD 20715

   This catalog has films and teaching aids for education systems. Especially good are the Emergency Care and First Aid sections.

4. Denver Developmental Screening Test
   Ladoca Project and Publishing Foundation, Inc.
   East 51st Avenue and Lincoln Street
   Denver, CO 80216

5. The National Foundation/March of Dimes
   Box 2000
   White Plains, NY 10602

   The following pamphlets are available through this source: Spina Bifida and Hydrocephalus, Cleft Lip and Cleft Palate, Minimal Brain Dysfunction, Clubfoot and Congenital Dislocation of the Hip, Birth Defects Tragedy and Hope, and Genetic Counseling. These may be available through local chapters also.

6. Public Service Programs
   Gallaudet College
   Seventh and Florida Avenue N.E.
   Washington, D.C. 20002

This program can supply information in the form of films and pamphlets on Usher's Syndrome and other research being done for deaf-blind education.

7. Abbott Laboratories
Professional Department
Abbott Park, D-383
North Chicago, IL 60064

This company has available Medical Atlases for $.50 per copy. Several well illustrated atlases on skin conditions, also pathological conditions of the eye, ear, and throat.

8. Dairy Council Inc.
101 N.E. Trilein Drive
Ankeny, IA 50021

Can supply catalogs for Nutrition Education materials Kindergarten through 8th grade and grades 7 through 12. The catalogs offer many good posters, displays, and films on good eating, dental health, and weight control at a reasonable cost.

9. American Society of Dentistry for Children
211 East Chicago Avenue
Suite 920
Chicago, IL 60611

Teacher's Guide Flip/Chart "Tooth Talk: ($5.00)

10. Johnson and Johnson
Patient Care Division
New Brunswick, NJ 08903

Write for pamphlet "Educational Services" which lists the films and publications available from the Patient Care Division of Johnson and Johnson.

RESOURCES

— Free Materials on Lice (800-545-5423).

— Standards of School Nurse Practice—Available from ANA, 2420 Pershing Road, Kansas City, MO.

— Epilespy School Alert Kit—Available from Epilepsy, 4351 Garden City Drive, Landover, MD 20785.

— Scriptographic Booklets—Available from Bob Colerick (800-828-2827) or (800-628-7733).

— Reporting Disease to Department of Health (800-362-2736).

— Mercy's Burn-Aid Prevention Program for Pre-School, School Age, Adolescent and Adult—Available from Dorita Ann Pion, Burn Clinician, Mercy Hospital, Sixth and University, Des Moines, IA 50314, 515/247-3424.

— Suicide Hot Line: 800-638-4357.

— To Report Child Abuse: 800-362-2178.

— To Report Adult Abuse: 800-362-2178.

— School Nurse Practitioner Program: 800-394-7435.

— American Cancer Society: 800-392-6446.

— National Health Information: P. O. Box 1133, Washington, D.C. 20013-1133. Publications for consumers available.

— Pens with name and message: 800-824-5084.

— A Word of Caution About Treating Flu or Chickenpox. HHS Publication No. (FDA) 84-3132. U.S.Department of Health and Human Services, 5600 Fishers Lane, Rockville, MD 20857.

— Medic Alert: 800-344-3226. School age children who need assistance in purchasing medicalert tags.

— Food Power ($5.50)—National Dairy Council, Rosemont, IL. Excellent book on nutrition for athletic programs.

— Lice Information. Reed & Carnick, One New England Avenue, Piccataway, NJ 08854.

— March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605.

— Educational Materials: Tampax Incorporated, Educational Department, P. O. Box 7001, Lake Success, NY 11042.

— American Health and Nutrition: 7 North Pinckney Street, Madison, WI 53703.

— Norcliff Thayer, Inc.: Professional Relations Department, P. O. Box 3842, Stamford, CT 06095.

— Eye Testing Equipment: Good-Lite Company, 1540 Hannah Avenue, Forest Park, IL 60130.

— RID—Pfipharmecs Division, Pfizer Inc., Marketing Services Department, 235 East 42nd Street, New York, NY 10017.

— FDA: 200 South 16th Street, Suite 430, Brandeis Building, Omaha, NE 68102—Publications, information, speakers available.

— Child Molestation: Educational materials available from society for Visual Education, Inc., 1345 Diversey Parkway, Chicago, IL 60614.

— ANA Certification: 800-821-5834.

— Youth and Crime Prevention information and educational materials—TIPS Program, Jefferson Annex Fourth Street N. W., Charlottesville, VA 229091 (804-293-5179).

— Jayce Crop, Director, Victim Witness Assistance Program, Room 318, Greenville County Courthouse, Greenville, SC 29601 (803-298-8647).

— National School Boards Association, 1680 Duke Street, Alexandra, VA 22314 (703-838-6722).

— Sharon Cowie, Corporate Communications, Commercial Union Insurance Companies, One Beacon Street, Boston, MA 02108.

— Law, legal rights and responsibilities of youth—Charlotte Anderson, Director, Youth Education for Citizenship, American Bar Association, 1155 East 60th Street, Chicago, IL 60637 (312-947-3965).

— Drug Abuse Curricula—National Institute on Drug Abuse, Prevention Branch, Room 11A-33, 5600 Fishers Lane, Rockville, MD 20857 (800-638-2045).

— Newsletter of the Iowa Crime Prevention Coalition and the Iowa Department of Public Safety—Request to be put on mailing list by writing Beverly Richardson, Iowa Crime Prevention Center, Wallace State Office Building, Des Moines, IA 50319.

— Information and support for local efforts—Jay Howell, Executive Director, National Center for Missing and Exploited Children, 1835 K Street, N. W., Suite 700, Washington, D.C. 20008.

— For membership, educational materials, and newsletter, of the Iowa Chapter for the National Committee for Prevention of Child Abuse—Contact Iowa Chapter for Prevention of Child Abuse, 3701 1/2 Douglas Avenue, Des Moines, IA 50310 (515-281-6924).

— Free booklet entitled "You can prevent Child abuse and neglect!"—Contact Iowa Commission on Children, Youth, and Families, 523 East 12th Street, Des Moines, IA 50319 (515-281-3711).

— Substance abuse information and newsletter—Iowa Department of Substance Abuse, Suite 202, Insurance Exchange Building, 505 Fifth Avenue, Des Moines, IA 50319 (515-281-3641).

SKIP: Sick kids need involved people, 2420 "D" Avenue N. E., Cedar Rapids, IA 52402. Serves as a support, resource, and educational group.

— Family Resource Handbook—Excellent Resource for manes of support groups and organizations. Available from Office for Planning and Programming, Iowa Commission on Children, Youth, and Families, 523 East 12th Street, Des Moines, IA 50319 (515-281-3711).

— Communities: What you can do about Drug and Alcohol Abuse. Available from National Clearinghouse for Drug Abuse Information, P. O. Box 416, Kensington, MD 20795.

— Standards of School Nursing Practice—American Nurses Association, 2420 Pershing Road, Kansas City, MO 64108.

— Guidelines for a Model School Nurse Services Program—National Association of School Nurses, 7395 South Krameria Street, Englewood, CO 80112.

— Control of Communicable Diseases in Man by Abram S. Benenson—American Public Health, 1015 15th Street N. W., Washington, D.C. 20005.

— Report of the Committee on Infectious Diseases—American Academy of Pediatrics, P. O. Box 1034, Evanston, IL 60204.

— Norm Miller, LPT, Scoliosis Program Consultant, 2920 30th Street, Des Moines, IA 50310 (515-274-1529).

Contact any of these individuals at the Department of Health, Lucas State Office Building, Des Moines, IA 50319:

— Tuberculosis: Max Cole (515-281-8636).

— Hypertension: Barbara Thiede (515-281-6801).

— Refugee Health: Jane Gaskill (515-281-3506).

— Sexually Transmitted Disease: Don Ruberti (515-281-4936).

— Lice and Scabies: Dr. Russ Currier (515-281-6801).

— Immunization: Fred Appleton (515-281-4917).

Cancer Hotline: 800/532-1411.

Missing Children: 800/843-5678.

Suicide Help Line of Iowa: 800/638-HELP.

Eating Disorders Hotline: 800/854-0318.

Home Economics Questions: 800/262-3804.

For parents who feel the need of support and guidance, Parents Anonymous Hotline: 800/421-0353.

For people with hearing, speech, and language difficulties and want to learn about the Hearing Dog program: 800/424-8576.

Parent Time Out Program: Carroll County Council for the Prevention of Child Abuse, Box 464, Carroll, IA 51401.

New parents—lay health visitor program: Mary Olson, R.N., B.S.N., Director, Parent Share and Support, Inc. of Fayette County, 112 Jefferson Street, West Union, IA 52176.

Free catalog on federal publications: Consumer Information Center, Department LB, Pueblo, CO 81009.

Crest Care Kit Program: Proctor & Gamble Distributing Company, Box 2388, Cincinnati, OH 45201, Attention: G.R. Schoettmer.

BSN and MSN programs at Drake University, Des Moines. Contact: Sister Mary Brigid, Mercy Hospital, Des Moines, IA 515/247-8369.

CMV: Diagnosis, prevention and treatment: Send $1.00 to Children's Hospital, 345 North Smith Avenue, St. Paul, MN 55102, 612/298-8835.

National Health Information Clearinghouse: 800/336-4797.

Nurses Malpractice Insurance: 800/247-1500.

American Diabetes Association, 319-366-6884—Information, handouts.

National School Health Services Program, The Robert Wood Johnson Foundation, P.O. Box 2316, Princeton, NJ 08540—Excellent document of a study on the effects of school nurse practitioners.

Crime Resistance Program for Children—For information about crime and children: David Lidstrom, 515/281-3111, or David Wright, 515/281-3021.

Public Information Office 515-281-5129. Information about legislation, copies of bills, public speakers, educational materials, historical information about Iowa government.

School Health: A guide for Health Professionals and the Handbook of Common Poisionings in Children. Available from American Academy of Pediatrics, Publications Department, P.O. Box 927, Elk Grove, IL 60007.

National Scoliosis Foundation, Inc., P.O. Box 547, Belmont, MA 02178 (617-489-0888)—Newsletter available called the "Spinal Connection".

Office of Cancer Communication, National Cancer Institute, Building 31, Room 10A-17, 900 Rockville Pike, Bethesda, MD 20205 (301-496-4000 or 301-496-5883).

Materials on personal safety and survival subjects: Office of Disaster Services, Hoover State Office Building, Level A, Room A-29, Des Moines, IA 50319, (515-281-3231).

— Resource booklets on individual conditions: Available from Division of Developmental Disabilities, Department of Pediatrics, University Hospitals and Clinics, The University of Iowa, Iowa City, IA 52242. The Early Needs of Children with Cerebral Palsy. The Needs of Children with Spina Bifida. The Needs of Children with Disabilities.

— Women's Recovery Center, Des Moines General Hospital, 515/263-4662: Alcohol and drug abuse inpatient center for females aged 16 and up.

— Hotline for information on bulimia: 800/850-0318.

— Newsletter on anorexia nervosa and related eating disorders: ANRED, P. O. Box 5102, Eugene, OR 97405.

— Bibs available from Vicki, DPI: Tube feeding. Developmental Disabilities. Psychosocial Dwarfism.

— Playground equipment safety information, handbooks and guides: National Safety Council, 444 North Michigan Boulevard, Chicago, IL 72879. Consumer Products Safety Comm., Suite 1500-Traders National Bank, 1125 Grand Avenue, Kansas City, MO 64106, 816/374-2034.

— STD information for adults and teenagers: Herpes Resource Center, P. O. Box 100, Palo Alto, CA 94302, 800/227-8922.

— Rabies information and materials: Send a self-addressed, stamped manilla envelope to Howard County Health Department, 3450 Court House Drive, Ellicott City, MD 21043, Attention: Genie L. Wessel, R.N., M.S.

— Free interdisciplinary health program for grades 7-9 called Health Myself: Available from your AEA or Shar McManigal, American Cancer Society, Iowa Division, P.O. Box 980, Mason City, IA 50401, 800/392-6446.

— Information on seating, mobility, and adaptive equipment for children with disabilities: Aothotic and Prosthetic Laboratory, Gillette Children's Hospital, 200 East University Avenue, St. Paul, MN 55101, 612/291-2848, Ext. 161.

— AIDS Hotline: 1-800-532-3301.

— Teen births in Iowa have decreased from 6,384 live births in 1974 to 3,399 in 1984. Of those teens in 1984, 647 were giving birth for the second time. Babies born to those under 15 years old account for 14% of the births. For teens between 13 through 17, 71% of the births are out of wedlock.

— A teacher's guide to the moral values and ethical issues of adolescent sexuality; pregnancy, parenting and family development. Community of Caring, $18. From: Eunice Kennedy Shriver, Joseph P. Kennedy Jr. Foundation, 1701 K Street N.W., Washington, D.C. 20006.

— A videotape for classroom use to help teens focus on their expectations of parenting. VHS or BETA. The Nurturing Father, $16. From: Mary Lou Williams, Montebello Teen Mother Program, 2100 West Cleveland, Montebello, CA 90640.

— The National Center for Education in Maternal and Child Health was established in 1982 to provide a major link between sources of information/services and the professional in areas of maternal and child health, including medical genetics. Publications include bibliographies, newsletters, directories of resources and services, and a five-part workbook series for providing services to children with handicaps and their families. Write NCEMCH, Washington, D.C. 20057 (202/625-8400).

— Resource and information regarding suntan parlors, x-rays, microwave ovens, pacemakers. Contact Radiology Health, Department of Health, Lucas Building, Des Moines, IA 50319 (515/281-3489).

— Resource and information regarding drug and substance abuse. Contact Dave Wright, DPI, Grimes State Office Building, Des Moines, IA 50319 (515/281-3021).

— New leaflet on Reye Syndrome: Obtain from U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, HHS Publication No. (FDA)86-3154, 5600 Fishers Lane, Rockville, MD 20857.

— EPA information about asbestos: Contact 1-800-424-9065.

— Reference Books: School Nursing: A Framework for Practice. Susan J. Wold, C.V. Mosby Company, St. Louis, 1981. Children with Handicaps: A medical primer. Mark L. Batshaw, M.D. & Yvonne M. Perret. Paul H. Brooks Publishing Company, Baltimore, 1981. School Health Handbook. Jerry Newton, M.D. Prentice-Hall, Inc., Englewood Cliffs, NJ 1984. Children are different. 2nd Edition. Ross Laboratories, Columbus, OH, 1978. Contains charts and graphs of accepted norms for all physiological measurements in children, including laboratory value.

— Free manual on how to implement an effective Wellness at the School Worksite Program. Write Health Insurance Association of America, Order Fulfillment, 1850 K Street, N.W., Washington, D.C. 20006-2284.

— American Lung Association, 1321 Walnut, Des Moines, IA 50309 (515/243-1225) (800/362-1643).

— Crime Prevention Programs: Department of Public Safety Crime Prevention Center, Wallace Building, Des Moines, IA 50319 (515/281-8395).

— Iowa is one of 41 states which has enacted legislation providing for compensation to victims of violent crimes. For information contact: Crime Victim Reparation Program, Iowa Department of Public Safety, Wallace Building, Des Moines, IA 50319 (515/281-5044).

— Free manual on instituting a health promotion program for school staff: Dr. Katz, American Council of Life Insurance, 1850 K Street N.W., Washington, D.C. 20006.

— Free quarterly newsletter called Woodland Owners Newsletter: Forestry Extension, 251 Bessy Hall, Iowa State University, Ames, IA 50011.

— Blood Pressure Classification and Follow-up Criteria (desk card), Squibb, February 1985. Includes blood pressure classifications, stepped-care approach to drug therapy, and antihypertensive agents identified in the 1984 Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure. Available from: High Blood Pressure Information Center, 120/80 National Institutes of Health, Bethesda, MD 20205. Cost: Free.

— Cardiovascular Diseases; Clinical Update: Mild Hypertension; New Concepts in management (monogrpah), Health Learning Systems, 1984. One of a series of 12 monographs for primary care physicians devoted to the clinical recognition and management of specific cardiovascular disorders. Addresses treatment of mild hypokalemia and management of mild hypertension. Available to organizations from: Frederick C. Foard, Smith Kline & French Laboratories, 1900 Market Street, Suite 410, P.O. Box 7929, Philadelphia, PA 19101. Cost: Free, minimum orders of 400 copies.

— Fighting Heart Disease (brochure), Smith Kline & French Laboratories, March 1984. Identifies risk factors for heart disease and necessary lifestyle changes. Addresses high blood pressure, cigarette smoking, high cholesterol, salt,, alcohol, lack of exercise, obesity, family history, sex, race, and stress. Available to organizations from: Frederick C. Foard, Smith, Kline & French Laboratories, 1900 Market Street, Suite 410, P.O. Box 7929, Philadelphia, PA 19101. Cost: Free, minimum orders of 400 copies.

— Freis, Edward D. Risk Assessment in Hypertension (booklet), Smith Kline & French, August 1981. Presents a risk factor scoring system, and discusses risk factors that induce or accelerate coronary heart disease (i.e. smoking, diabetes, hypercholesterolemia, ild vs. borderline hypertension, and evidence of target organ disease) and risk factors (i.e., sex, age, race, and family history of hypertension). Also addresses lifestyle modification and blood pressure measurement. Includes poster. Available to organizations from: Frederick C. Foard, Smith Kline & French Laboratories, 1900 Market Street, Suite 410, P.O. Box 7929, Philadelphia, PA 19101. Cost: Free, minimum orders of 400 copies.

— Heart to Heart: A Manual on Nutrition Counseling for the Reduction of Cardiovascular Disease Risk Factors (manual). National Heart, Lung, and Blood Institute, 1983. Presents practical ideas and information to nutritionists, dietitians, and other health professionals who are involved in nutrition counseling with patients who are at risk for or who have cardiovascular disease. Available from: NHLBI, Building 31, 4A21, 900 Rockville Pike, Bethesda, MD 20205. Telephone: 301/496-5343. Cost: Free. NIH Publication No. 83-1528.

— High Blood Pressure in Children and Adolescents: A Selected Annotated Bibliography, National High Blood Pressure Education Program, September 1984. Lists a variety of resources, including monographs, journal articles, and consumer pamphlets. Discusses epidemiology, lrge-scale studies, factors affecting blood pressure, measurement, screening, diagnosis, treatment, and prevention of high blood pressure in children. Available from: High Blood Pressure Information Center, 120/80 National Institutes of Health, Bethesda, MD 20205. Cost: Free.

— Moser, Marvin. High Blood Pressure & What You Can Do About It (pamphlet), Benjamin Company, revised 1985. Discusses detection and diagnosis of high blood pressure, myths and facts, and factors associated with and complications of high blood pressure. Available form: High Blood Pressure Information Center, 120/80 National Institute of Health, Bethesda, MD 20205. Cost: Free, up to 100 copies. For larger quantities, contact: Benjamin Company, Inc., One Westchester Plaza, Elmsford, NJ 10523.

— Roccella, Edward J. and Ward, Graham W. "The National High Blood Pressure Education Program: A Description of Its Utility as a Generic Program Model" (article reprint). In Health Education Quarterly, II(3)P225-242, Fall 1984. Describes the origin of the National High Blood Pressure

Education Program, which celebrated its tenth anniversary in 1984p the planning process and models used in undertaking this national health education effort; the application of theoretical models; and approaches used to evaluate the effort. Available from: High Blood Pressure Information Center, 120/80 National Institute of Health, Bethesda, MD 20205. Cost: Free.

— Understanding the Child with a Chronic Illness in the Classroom has information on the 13 most common chronic health disorders in children written for those who have little medical background. Each chapter has been written by a doctor, nurse, or social worker, and describes how a child with a health disorder can be expected to function in the classroom and what problems may arise. The book, edited by Janet Fithian, is available at $37.50 from Oryn Press, 2214 North Central at Encanto, Phoenix, AZ 85004-1483, 1-800-457-ORYX.

— Missing Persons Information Clearinghouse, 1-800-346-5507. Available 24 hours a day, 7 days a week to collect and disseminate information concerning missing persons in Iowa.

FREE BOOKLETS

— Euphoropia: The Comprehensive Guide to Athletic Eyewear. Write to Euphoropia, 72-15 Austin Street, Forest Hills, NY 11375. Include a self-addressed, stamped, business-size envelope.

— Periodontal Disease. Send a self-addressed, stamped, business-size envelope to Gum Disease, c/o American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611.

— Eat to Compete: Aerobic Dance. Write to Eat to Compete, c/o AAU, 3400 West 86th Street, Indianapolis, IN 46268. Enclose a self-addressed, stamped, business-size envelope.

— Warning: Noise Can Damage Your Hearing. For a copy, send a self-addressed, stamped, business-size envelope to the New York League for the Hard of Hearing, Department H, 71 West 23rd Street, New York, NY 10010.

— Help Yourself to Good Health. Send a postcard to Expand Associates/PFP, 7923 Eastern Avenue, Suite 400, Silver Spring, MD 20901

— Communicable disease information and resource: Sheryl Christie, R.N., Infection Control, and Dr. Wintermeyer, M.D., Iowa State Department of Health, Lucas State Office Building, Des Moines, IA 50319-0075 (515/281-5424).

— Lice: Film strip and cassette: All about Lice K-8: Norcliff Thayer Inc., 1 Scarsdale Road, Tuckahoe, NY 17007. Lice are Insects Too: Reed & Carnrick, Piscataway, NJ 08854 (1-800-221-0804).

— Excellent newsletter on health issues: Berkley Wellness Letter, University of California, P.O. Box 10922, Des Moines, IA. Subscription: $18/year.

— Free cancer information services provided by the National Cancer Institute: 1-800-4CANCER.

— Smokeless tobacco article: October, 1985 Readers Digest. Reprints available: 914-769-7000.

— Curriculum materials on alcohol intervention and prevention for adolescents. Contact Dr. Ruth B. Davis, Director, CASPAR Alcohol Education Program, 226 Highland Avenue, Somerville, MA 02143.

## HEALTH EDUCATION MATERIALS AVAILABLE

The Iowa Division of the American Cancer Society has printed educational materials and audiovisual aids for use in school curriculum. These materials are made available at no charge through the public education department of the American Cancer Society, Iowa Division, Inc., office.

Of special interest are the school kits which include a filmstrip and complementary resource materials. They include: "An Early Start to Good Health," (K-3); "Health Network," (4-6); and "Health Myself," (7-9). These kits should complement any Quest or wellness program. A promotion brochure and usage contract will be sent upon request.

New to the schools this fall will be a computer software package called, "Healthy Decisions," targeted at grades 4-6. The promotion guide describes the objective components of the game, which allows young people to discover how the world around them influences what they do and they way they behave.

For junior and senior high, the "Taking Control" science fiction film (also available in 3/4" and 1/2" videotape) is most thought-provoking. The futuristic setting analyzes how humans from the 20th century developed a healthier lifestyle and reduced their cancer risk. This film (and any other in our extensive library) can be ordered for short-term loan, and may be reproduced by you for regular usage, with the completion of a simple record/contract.

Order sheets for literature and posters, along with film catalogs for schools are available upon request.

Ask you school principal or superintendant about the conference scheduled for October 2 in Ames, sponsored by the Iowa Coalition for Comprehensive School Health Education. Contemporary issues in health education will be addressed, along with exhibits for new materials.

American Cancer Society
Box 65710
West Des Moines, IA 50265-0710
515/253-0147
800-392-6446

DPI Newsletter
Robert D. Benton, State Superintendent
Iowa Department of Public Instruction

SCHOOL HEALTH SERVICES NEWSLETTER
August, 1986

— Free wallchart on drug interactions: McNeil Consumer Products Company, Drug Interaction Update, Camp Hill Road, Fort Washington, PA 19034. Attn: Communications Department—Wallchart.

— Information regarding Sudden Infant Death Syndrome (SIDS): 800-232-SIDS.

— Publication regarding adolescent pregnancy: Preventing Children Having Children. Adolescent Pregnancy Child Watch Manual. For information contact Children's Defense Fund, 122 C Street N.W., Washington, D.C. 20001. or call Publications, 800-424-9602.

— Comprehensive book written by physicians at University of Iowa, which provides information to parents of children with special needs and medical problems. Your Child's Education, Wolraich, Fick, and Karagan, C.C. Thomas Publisher, 2600 South First Street, Springfield, IL 62717.

— Medical Supply Catalog—National Health Supply Corp. 800-645-3585. Health Edco, Inc., 800-433-2677. MacGill and Company, 800-323-2841.

— Disaster procedures and tornado safety—for information and resources, contact Bob Roush. Department of Education, Grimes State Office Building, Des Moines, IA 50319-0146, 515/281-4746.

— Chapter 6, Nursing Practice Act: Contact Iowa Board of Nursing, 1223 East Court, Des Moines, IA 50319.

— Vision Reference: Standard Vision Training Manual by C. Mackenzie, 3715 S.E. 37th Street, Gainsville, FL 32601, 904/373-1380.

— Free dental education materials: Proctor & Gamble Professional Services Division, Cincinnati, OH 45202; Colgate Professional Services Department, 740 North Rush Street, Chicago, IL 60611.

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December, 1986

— Families interested in adopting children with special needs, contact: Adoption Unit, Iowa Department of Human Services, Hoover State Office Building, Fifth Floor, Des Moines, IA 50319-0114, 515/281-5358.

— Buying and Caring for Home Blood Pressure Equipment (pamphlet),, American Heart Association, 1985. Discusses the pros and cons of various types of blood pressure measurement equipment,, the benefits to patients and health care providers of home measurement, and some cautions to consider. Available from: local offices, American Heart Association. Order No. 50-073-A.

— Guide for Planning and Conducting a Group Hypertension Patient Education Program (guide), Ohio Hypertension Control Program, 1985. Identifies the components of a quality group educational program, and provides recommendatins and framework for planning and implementatin as well as a section on marketing and promotion. Available from: Linda Wacha, Nursing Consultant, Hypertension Control Program, Ohio Department of Health, P.O. Box 118, Columbus, OH 43266-0118.

— Suicide Help-Line of Iowa: 800-638-HELP.

— Information on programs on suicide for Iowa schools, call 515/281-7833.

-- Quarterly journal on suicide information, contact AAS Central Office, 2459 South Ash Street, Denver, CO 80222, 303/692-0985.

— Adolescent Health Manual available from Adolescent Health Consultant, Iowa Department of Public Health, Lucas Stae Office Building, Des Moines, IA 50319. Title: Adolescence A Continuum: From Childhood to Adulthood.

— Poison Information: 800/272-6477.

— Catalog of school health supplies: 800/323-1305.

— A clearinghouse list of federal health agencies listed by health topic. Many provide free information upon request. National Health Information Clearinghouse, P.O. Box 1133, Washington, D.C. 20013-1133.

— Free subscription from Pfizer Pharm., "School Nurse Network" published 3-4 times a year. Denise Burns, S.J. Weinstein Assoc., 100 5th Avenue, New York, NY 10011.

— Nutrition services are now available in these Child Health Speciality Clinics at no charge to families: Burlington: 319/752-6313; Carroll: In development; Council Bluffs: In development; Creston: 515/782-6435; Davenport: 319/383-1441; Des Moines: 515/293-6236; Fort Dodge: 515/955-8326; Mason City: 515/424-7388; Ottumwa: 515/682-8145; Sioux City: 800-352-4660, ext. 3411 or 712/279-3411; Spencer: 712-264-6362; Waterloo: 319/236-4560. Questions about the program may be directed to Andy Penziner, Project Coordinator, or the Patient Management Unit (319/353-5428).

— Free subscription called "Health Grams" published 5-6 times a year by the Iowa Coalition for School Health Education. Kristi Ferguson, University of Iowa College of Medicine, 2351 Steindler Building, Iowa City, IA 52242.

— Free subscription to "Health Newsletter." Cooperative Extension Service, U.S. Department of Agriculture, Iowa State University, Ames, IA 50011.

— Free subscription to "Journal of School Health." Health Insurance Association of America, Order Fulfillment, 1850 K Street N.W., Washington, D.C. 20006-2284.

— Free subscription to "Community Nurse Forum." Franklin Communications, 149 Fifth Avenue, New York, NY 10010.

— Free subscription to "News Digest" for the handicapped. National Information Center for Handicapped Children and Youth, Box 1492, Washington, D.C. 20013.

— Free posters, in English or Spanish, on preventing baby bottle tooth decay, available from: Health Promotion and Science Transfer, National Institute of Dental Research, Westwood Building, Room 522, 5333 Westbard Avenue, Bethesda, MD 20892.

— Nutrition & Feeding for the Developmentally Disabled, $3.50. Available from Carol Redden, 700 Governor's Lane, Child & Adult Nutrition Services, Pierre, SD 57501-2293.

— Children with Handicaps, by M.L. Batshaw, M.D., 800-638-3775, Stock #648.

— Specialized Eating Program for Treatment of Anorexia, Bulimia, Obesity. Contact Marian Health Center, Sioux City, IA 51101, 712/279-2796.

— School Health: A Guide for Health Professionals, Committee on School Health, Evanston: American Academy of Pediatrics, 1981. A very complete guide to school health programming. From: American Academy of Pediatrics, P.O. Box 1034, Evanston, IL 60204.

— Guidelines for the School Nurse in the School Health Program, published by the American School Health Association, Akron, 1974. A professional manual for school nurses. From: American School Health Association, P.O. Box 708, Kent, OH 44240. Cost: $1.50.

— Resource books and information on snakes entitled, The Snakes of Iowa. Available from Iowa Conservation Commission, Wallace State Office Building, Des Moines, IA 50319-0035.

— Snakes of Missouri. Available from the Missouri Department of Conservation, P.O. Box 180, Jefferson City, MO.

— For a list of publications on nutrition guidelines, contact the U.S. Department of Agriculture, HNIS, Room 360, 6505 Belcrest Road,, Hyattsville, MD 20782.

— Excellent dietary guidelines for Americans from above address:

Home & Garden Bulletin #232-1: Eat a Variety of Foods

Home & Garden Bulletin #232-2: Maintain Desirable Weight

Home & Garden Bulletin #232-3: Avoid Too Much Fat, Saturated Fat & Cholesterol

Home & Garden Bulletin #232-4: Eat Foods with Adequate Starch & Fiber

Home & Garden Bulletin #232-5: Avoid Too Much Sugar

Home & Garden Bulletin #232-6: Avoid Too Much Sodium

Home & Garden Bulletin #232-7: If You Drink Alcoholic Beverages, Do So In Moderation

— Self-stick Velcro can be purchased from Scotchmate Festeners, 3M, St. Paul, MN 55144.

— New vision reference book for screening handicapped children entitled Special Education: Student Vision Screening by G.X. O'Chuk, R.N., M.A. Write: House of Special Books, P.O. Box 7811, LaVerne, CA 91750.

— Iowa's Bicycle Law, Contact AAA, Public Affairs Department, 2050 Grand Avenue, Des Moines, IA 50312, 515/282-2151.

— New FDA approved Pediatric thermometer. A numbered strip is placed in the bottom of a disposable cup. When the child urinates, the strip turns blue up to the right temperature. Available from: Franklin Diagnostics, Inc., 60 Franklin Street, Morristown, NJ 07960.

— Free booklet entitled Safe Food To Go regarding school lunches brought from home. Write: USDA, FSIS, Public Awareness Branch, Room 1165, South Building, Washington, D.C. 20250. (Limit of 500 per order.)

— Meat and Poultry Hotline for questions about food safety, 800-535-4555.

— New School Health book entitled, How Healthy is Your School? Total cost: $11.95. NCHE Press, 30 East 29th Street, New York, NY 10016.

— Information and resource material available on sexuality. Write: Always Profession Services, P.O. Box 171, Cincinnati, OH 45201 (513/241-1933).

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March, 1987

— To be on mailing list for newsletter titled Pacemaker: Contact University of Iowa Hospital Information Services, E178 GH, University of Iowa Hospitals and Clinics, Iowa City, IA 52242, Attention: Director & Assistant to the University President for Statewide Health Services: John W. Colloton.

— New pamphlet on controlling head lice available in quantities from: Division of Disease Prevention, Iowa Department of Health, Lucas Building, Des Moines, IA 50319-0075.

— New resource booklet on AIDS, CMV, Hepatitis B carriers, and congenital rubella syndrome. From: Bettye Endicott, Health Consultant, Illinois State Board of Education, 100 North First Street, Springfield, IL 62777.

— School Nurse Workshop on August 6-7, 1987, at the University of Nebraska at Omaha. Georgia MacDonough from Arizona will present a session on Assessment of the Eye, Ear, Nose & Throat. (Excellent)

— Information on Reye's Syndrome. From: National Reye's Syndrome Foundation, P.O. Box 829 AB, Bryan, OH 43506, 1-800-233-7393.

— New School Health Manual titled Managing the Student with a Chronic Health Condition: A Practical Guide for School Personnel. Available from Pathfinder, 5000 West 39th Street, Minneapolis, MN 55416. Cost: $19.95.

— New publications available from the National Clearinghouse for Alcohol Information (NCALI), all designed for use with preteens, include the following: Helping Your Preteen Say No: A Parent's Aid; Quick List: 10 Steps to Help Your Preteen Say No; and Buzzy's Rebound, based on the Fat Albert comic strip. For more information contact NCALI, P.O. Box 2345. Rockville, MD 20852.

— Cancer Prevention Resource Directory, a guide to national, State, and local organizations involved in cancer prevention programs, is a publication of NCI's Cancer Prevention Awareness Program. Single copies are available free from the National Cancer Institute, Building 31, Room 10A18, Bethesda, MD 20892.

— Sexually Transmitted Diseases Workshop will be held April 27, 1987, at AEA 11 in Johnston. Pre-registration is required. Contact Donald Ruberti, 515/281-4936.

JOURNAL ARTICLES

JOURNAL ARTICLES

— Excellent recent journal articles:
Fever Management: Rational or Ritual? Pediatric Nursing, 11:26-29.
Wellness at the School Worksite, Health Education Reports, April 4, 1985.
How a Suit Starts, American Journal of Nursing, June, 1985.
Is Nursing a Profession, Nursing 85, June.
Evaluation of Five Popular Methods for Tick Removal, Pediatrics 75 (6), June, 1985.
Dressing for Success, American Journal of Nursing, August, 1985.

— "Anger: Normal, appropriate, and Justifiable," "Avoidance of Anger," "Anger Generated by Unmet Expectations," "Managing Intractable Anger," "The Ripple Effect of Anger." In Maternal-Child Nursing, September/October, 1985, Vol. 10, No. 5.

— Cost Documentation of School Nursing Follow-up Services, Journal of School Health, January, 1986.

— Rett Syndrome: What do we know about it? Pediatric Nursing, May/June, 1986.

-- School Based Adolescent Health-Care Programs, Pediatric Nursing, Sept./Oct., 1986.

-- Journal articles of interest: Insulin Pump Treatment in Insulin—Dependent Diabetes Mellitus, JAMA, February 7, 1986, p. 617-621. The Abused Child, Nursing 85, November, p. 34-38. Fever-When to leave it alone, Nursing 86, February, p. 58-61. Suicidal Adolescents: Factors in Evaluation, Adolescence Vol. XX, No. 80, Winter 1985, p. 753-762. The Suicidal Teenager, Nursing 85, December, p. 47-49. Recurrent Abdominal Pain Among School-Aged Children, MCN, March/April 1986, p. 102-107. Echymoses from Spoon Scratching Stimulating Child Abuse, Clinical Pediatrics, Vol. 25, No. 2, p. 98. How Courts look at Nurse Practice Acts, AJN, February, 1986, p. 131-132. **Avoiding Legal Risks in Pediatrics, Nursing Life, March/April 1986, p. 24-25. (**Excellent information on documentation and malpractice.) Dosage Calculations, Nursing 86, March, p. 96-98. Dakota Nurses Aim to be First to Act on Entry, AJN, January 1986, p. 76-83. North Dakota Board Wins State's OK to Move to BSN for RN Licensure, AJN, February 1986, p. 199. Filling in the Blanks on Presciption Writing, AJN, January 1986, p. 30-33. (Information on who's prescribing and in what states.) Infections in Day-Care Centers, Current Problems in Pediatrics, March 1986, p. 125-185. (Well-organized monograph of information on infectious diseases.)

Dunn, J.D. (1984). A nursing care plan for the handicapped student. JOSH, 54 (8), 302-305.

Hertel, V., Brainerd, E., Desrosius, C., Hatfield, M.E., Lewis, P., Markendorf, J., & Quinnell, N. (1984). National Association of State School Nurse Consultants define role of school nurse in "P.L. 94-142-Education for all handicapped children act of 1975." The Journal of School Health, 10, 475-478.

Lehr, D. & Harubrich, P. (1986). Legal precedents for students with severe handicaps. Exceptional Children, 52 (4), 358-365.

Panza, J.A. (1985). The school nurse's role in assisting children with disabling conditions. Journal of School Health, 55 (7), 284.

Ross, J.C. (1984). Protect teachers and students with policies governing medical matters. The American School Board Journal, September, 34-53.

Steenson, C.B., Sullivan, A.R. (1980). Support services in the school setting: The nursing model. The Journal of School Health, 5, 246-249.

Swenson, P.M. & Cooper, M.A. (1984). School health education for the chronically impaired individual. JOSH, 54 (11), 446-449.

Switzer, K.H. and Kelly, O.T. (1981). The nurse: A member of the school team. MCN, 6, 189-193.

Trahms, C.M., Affleck, J.Q., Lowenbraun, S., and Scranton, T.R. (1977). The special educator's role on the health service team. Exceptional Children, 43, 344-349.

Woods, S.P., Walker, D.K., and Gardner, J. (1986). School health practices for children with complex medical needs. Journal of School Health, 56 (6), 215-217.

RESOURCES FROM HEALTH CONSULTANT

RESOURCES

*Available through Department of Education
School Health Consultant

* Guidelines for Obtaining Cervical Spine X-Ray in Down Syndrome Children.

* Training Manual for Non-Licensed School Personnel in Drug Administration.

* The District School Nurse and Special Education.

* School Nurse Manual.

* Immunization Update, 12/1/83.

* Communicable Disease Chart.

* Control of Communicable Diseases in Schools (Wall Chart).

* Cytomegalovirus infections: Information and suggested approproach for educational personnel.

* Introduction to Parent Seminars on Adolescent Sexuality.

* Control of Head Lice in School Settings.

* Pertussis Vaccine Use and Statements.

* Annual Audit of Immunizations of Iowa's Elementary and Secondary Schools.

* Information and a suggested approach for Educational Personnel on Herpes.

* Toxic Shock
* Sports Nutrition
* Sex Education for Handicapped
* Sexuality and the Developmentally Disabled